
Final Report

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2001 Indiana Consolidated Plan Update

Prepared for

State of Indiana
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Map of Indiana Counties



Frequently Used Acronyms

Acronym	Definition
AHP	Affordable Housing Program – a grant program through the Federal Home Loan Bank
BMIR	Below market interest rate
CAP	Community Action Program agency
CBDO	Community Based Development Organization – as defined by the CDBG regulations in 24 CFR 570.204(c)
CDBG	Community Development Block Grants (24 CFR Part 570)
CHDO	Community housing development organization – a special kind of not-for-profit organization that is certified by the Indiana Housing Finance Authority
CPD Notice	Community Planning and Development Notice – issued by the U.S. Department of Housing and Urban Development to provide further clarification on regulations associated with administering HUD grants
DHPA	Division of Historic Preservation and Archeology, a division of the Department of Natural Resources and serves as the State Historic Preservation Officer for Indiana
DNR	Department of Natural Resources
ESG	Emergency Shelter Grant – operating grants for emergency shelters. Applied for through the Family and Social Services Administration
FEMA	Federal Emergency Management Agency
FHLBI	Federal Home Loan Bank of Indianapolis
First Home	Single family mortgage program through IHFA that combines HOME dollars for down payment assistance with a below market interest rate mortgage
FMR	Fair market rents
FMV	Fair market value
FSP Memo	Federal and State Programs Memo – issued by IHFA to provide clarification or updated information regarding grant programs IHFA administers
FSSA	Family and Social Services Administration
GIM	Grant Implementation Manual – given to all IHFA grantees at the start-up training. It provides guidance on the requirements of administering IHFA grants.
HOC/DPA	Homeownership Counseling/Down Payment Assistance
HOME	HOME Investment Partnerships Program (24 CFR Part 92)
HOPWA	Housing Opportunities for Persons With AIDS – grant program awarded by HUD to the State Department of Health and administered by AIDServe Indiana.
HUD	U.S. Department of Housing and Urban Development
IACED	Indiana Association for Community Economic Development
ICHHI	Indiana Coalition on Housing and Homeless Issues, Inc.

Frequently Used Acronyms

Acronym	Definition
IDEM	Indiana Department of Environmental Management
IDFA	Indiana Development Finance Authority
IDOC	Indiana Department of Commerce
IHFA	Indiana Housing Finance Authority
LIHTF	Low Income Housing Trust Fund
MBE	Minority Business Enterprise – certified by the state Department of Administration
NAHA	National Affordable Housing Act of 1990 – federal legislation that created the HOME Investment Partnerships Program
NC	New construction
NOFA	Notice of Funds Availability
OOR	Owner-occupied rehabilitation
PITI	Principal, interest, taxes, and insurance – the four components that make up a typical mortgage payment
QCT	Qualified census tract
RFP	Request for Proposals
RHTC	Rental Housing Tax Credits (also called Low Income Housing Tax Credits or LIHTC)
S+C	Shelter Plus Care - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SHP	Supportive Housing Program - part of the McKinney grant that is applied for directly to HUD through the SuperNOFA application
SHPO	State Historic Preservation Officer (the Division of Historic Preservation and Archeology serves in this capacity for the State of Indiana)
SIRDP	Southern Indiana Rural Development Project
SRO	Single room occupancy
SuperNOFA	Notice of Funds Availability issued by HUD for a number of grant programs. It is an annual awards competition. Shelter Plus Care and Supportive Housing Program and Housing Opportunities for Persons With Aids are some of the programs applied for through this application process.
TBRA	Tenant-Based Rental Assistance
TPC	Total project costs
URA	Uniform Relocation Act
WBE	Women Business Enterprise – certified by the state Department of Administration

Purpose of the Consolidated Plan

Beginning in Fiscal Year 1995, the U.S. Department of Housing and Urban Development (HUD) required states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Plan consolidates into a single document the previously separate planning and application requirements for Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnership Program and Housing Opportunities for People with AIDS (HOPWA) funding, and the Comprehensive Housing and Affordability Strategy (CHAS). Consolidated Plans are required to be prepared every five years; updates to the five-year Plan are required annually.

The Purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals and strategies; and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments.

The FY2001 Consolidated Plan Update is the first annual update to the FY2000 five-year Consolidated Plan. This report updates the demographic and socioeconomic information and trends related to Indiana's current and future housing and economic development needs. The report contains new data about these needs, gathered through surveys and regional public forums. This information is used to review and modify, if needed, the strategies and actions that were developed during the five year planning process. The data are also used to craft a one-year action plan to address the state's most pressing needs.

What's New in the 2001 Consolidated Plan Update

- Three hundred and forty seven key persons in communities statewide were surveyed and responded to questions about a number of issues in their communities including homelessness, affordability and quality of housing, employment opportunities and Fair Housing practices.
- Approximately 150 citizens and representatives from nonprofits and local governments attended regional forums to discuss and prioritize the housing and community development needs in their communities.
- The State's socioeconomic conditions were updated with current information and five- and ten-year forecasts were compiled.
- The housing and community development needs of special populations were evaluated and updated.

Purpose of the Consolidated Plan

- A new projection of housing affordability in 2005 was estimated for each county in the state.
- Finally, the Plan is supplemented with a new Analysis of Impediments to Fair Housing Choice, which examines the existing and potential barriers to fair housing choice throughout the state.

Compliance with Consolidated Plan Regulations

The State of Indiana's 2000 Consolidated Plan was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan regulations. Appendix H, the "HUD Regulations Cross-Walk" contains a checklist detailing how the 2001 Update meets these requirements.

Citizen Participation Process

The Consolidated Plan was developed with a strong emphasis on community input. Brochures explaining the purpose of the Consolidated Plan and how citizens can contribute, including an agenda and dates of the public forums, were mailed to citizens and local governmental and nonprofit organizations throughout the state at the beginning of the public process.

Citizens participated in the development of the Consolidated Plan through:

- Regional public forums: twelve forums (six specifically for persons with disabilities) were held in six cities throughout the state;
- A statewide community survey of 347 community representatives;
- A 30-day public comment period; and
- Two public hearings about the Plan and fund allocations.

Purpose of the Consolidated Plan

Organization of the Executive Summary

The remainder of the Executive Summary is organized into five subsections (consistent with the Consolidated Plan):

- **The Socioeconomy of Indiana** — a summary of the social and economic trends that are shaping the state;
- **Housing and Community Development Needs** — an assessment of these needs, based on citizen surveys, public forums and secondary data;
- **Housing Market Analysis** — an analysis of expected affordability of the state's housing markets and community development conditions;
- **Special Needs Housing** — a summary of the housing and community development needs of the state's special needs populations; and
- **The 2001 Program Year Strategies and Action Plan.**

The Socioeconomy of Indiana

The impressive performance of the U.S. economy continued in the first half of 2000, with economic activity expanding at a rapid rate. Prompted by a concern that the economy could overheat, the Federal Reserve increased interest rates several times in early 2000. By the end of 2000, there was evidence that these actions had cooled the potentially inflationary economy. Indeed, the slowdown in the economy in early 2001 has led to fears of a recession. Overall, national economic growth is expected to be slower in 2001: unemployment is predicted to rise slightly, consumer spending should slow, and housing starts are expected to be down.

For Indiana, this means overall growth is predicted to increase, but not at the same rate that it has in the past five years. Specifically:

- Population growth is expected to continue to slow somewhat during the next five years, with Indiana growing at a slightly slower pace than the nation as a whole. Growth is likely to occur in both urban and rural areas.
- The state will continue to grow older as the baby boomers age, and there will be a slight increase in the median age in the next five to ten years. Population declines are expected in the 20 to 35 age cohort.
- According to forecasts in mid-2000, the percentage of households in the highest income brackets is expected to increase during the next five years, while the percentage of individuals in lower income brackets is expected to decrease. These expectations are based on the income growth experienced between 1990 and 2000, as shown in Exhibit ES-1.

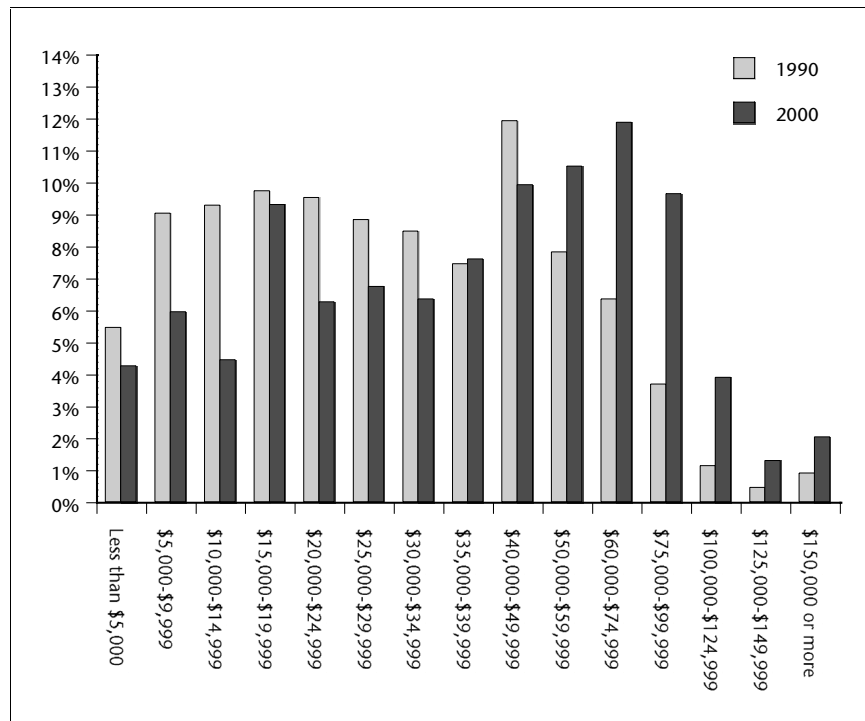
The Socioeconomy of Indiana

**Exhibit ES-1.
Percentage of
Households by
Income Bracket,
State of Indiana,
1990 & 2000**

Note:
Income is adjusted
by inflation.

Source:
PCensus/Applied Geographic
Solutions.

***The income growth
during the 1990's is
expected to continue.***



- The Indiana Business Research Center expects the state's job growth to be about the same as in 2000 and the state's unemployment rate to remain below the national rate. Job growth in Indiana is expected to be highest for lower paying jobs, such as nonprofessional service, support and sales positions. Manufacturing will continue to fall behind the service sector in providing employment to the state.
- Non-MSA counties have a higher percentage of "blue collar" than "white collar" employment. Although growth in white collar occupations is expected, blue collar jobs are predicted to continue dominating the employment base of non-MSAs.
- The Research Center also predicts that a slowdown in consumer spending and housing related to a slightly slowing economy may keep Indiana from advancing at the national rate of economic growth.

The Socioeconomy of Indiana

What will these projected trends mean for the State of Indiana?

Many of the implications of current and future economic conditions that were discussed in the Fiscal Year 2000 Consolidated Plan are expected to remain the same.

Future housing growth is expected to be strongest for aging baby boomers, the elderly, and young adults.

- Baby boomers are predicted to continue investing in larger vacation and retirement homes. The types of housing typically demanded by this group are lower density and located in outlying areas. Of course, a slowdown in the economy could dampen the demand for this type of housing.
- The growing elderly population is likely to seek multi-family or clustered homes with some affordability and some level of care. In general, the elderly prefer to stay in their current communities and will seek housing in close proximity to their current residence.
- Young adults are expected to look for affordable rental housing and starter homes. Future affordability of the state's housing stock will be affected by the ability of income growth to keep pace with increasing housing costs.

Job growth will be concentrated in the lower paying service sector.

- Wages in the service sector are generally lower than in the manufacturing sector, which previously dominated the state's employment. An increase in service sector employment could contribute to a "dumbbell effect" in income distribution, in which there exists a large amount of both low and high income households, and a small amount of middle income households.
- The decline in employment in the manufacturing sector may require communities formerly dependent on this area to seek strategies for economic diversification. Depending on the type of employers that a community is able to attract, this could lead to improved economies in many communities where growth has been stagnant in the past. In contrast, loss of manufacturing jobs in communities heavily dependent on the industry could produce a decline in economic well-being.

Housing and Community Development Needs

The state's housing and community development needs were gathered through a key person survey, regional public forums and two public hearings. The respondents to the survey and attendees at the public forums consisted of local government officials, community leaders, advocates, citizens, housing developers, social service providers and others.

Lack of affordable housing remains the top concern of both survey respondents and forum attendees.

- The greatest housing need perceived by forum participants and survey respondents was for affordable single family homes. This was followed by affordable rental housing, emergency shelters and housing for the elderly. Exhibit ES-2 shows the most important housing issues, as identified by the 2001 community survey respondents.

Exhibit ES-2. Most Important Housing Issues

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

Housing Issue	Percent
Affordable/Low-Income Housing	69.5
Rental Housing/Apartments	21.4
High Quality Housing	16.2
Housing for Physically/Mentally Disabled	15.7
Availability in General	11.9
Homeless Shelters/Transitional Housing	10.5
Problems with Rentals – Slum Lords, Lack of Inspection	10.5
Housing for Elderly	9.5
Single Family Housing	8.6
Rehabilitation of Current Housing Stock	7.6
Emergency Shelters	6.2
Multi-Family Units	5.2
Subsidized Housing/Section 8	5.2
Minority Housing	4.3
Moderate Income Housing	3.3
Single Parent Housing	3.3
Assisted Living	2.9
Migrant Worker Housing	1.4

- Respondents and participants were also asked about barriers to housing choice in their communities. The barriers perceived to be the most prevalent included housing cost, transportation, and distance between housing and place of employment.

Housing and Community Development Needs

Special needs populations are in need of expanded housing opportunities and supportive services.

- The majority of survey respondents felt that the housing and service needs of the homeless, mentally ill, and physically and developmentally disabled were not being adequately met. Respondents felt that the needs of the elderly were being met the best, relative to other special needs groups (although improvements are still needed).
- The services most widely available to special needs populations are meals, case management and job training. Services less likely to be available in respondents' communities included public transit, health care, home repair assistance, child and adult day care, and substance abuse treatment.
- Eighty percent of respondents expressed a need for a resource guide (preferably a paper handbook) that lists services available to special needs groups in their communities.

Top community development needs included downtown revitalization, public transportation, adequate employment and public infrastructure.

- Exhibit ES-3 shows the top community development needs identified by survey respondents.

Exhibit ES-3. Most Important Community Development Issues

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

Community Development Issue	Percent
Renovation of/Revitalization of Central Business District/Downtown	31.5
Public Transportation	22.5
Adequate Jobs/More Employment	18.5
Infrastructure Improvement	14.6
Lack of Improvements in Water/Sewer	14.0
Community Buildings/Recreation Centers/Youth Facilities	11.8
Lack of Improvements in Sidewalks/Curbs/Streets	11.2
Industrial/Economic Growth	10.7
Child Care	10.1
Lack of Zoning/Community Development/Centralized Plan	10.1
Adequate Wages	6.2
Lack of Retail Establishments	6.2
Medical Improvements	5.1
Affordable Utilities/Affordable Minor Repairs	3.9
Adult Day Care	3.4

Housing and Community Development Needs

The top community concerns expressed in the forums included affordable housing (both single family and rental assistance), housing and services for the disabled, transportation and day care. Forum participants also expressed a need for increased administrative and technical support for service providers. Exhibit ES-4 summarizes the most important community needs from the 2001 regional forums.

Exhibit ES-4.
Top Community Needs,
2001

Source:
Keys Group, Community Forums 2001.

Shelters for the Homeless/Emergency	Medical Assistance for the Poor
Transitional Housing	Planning Dollars
Infrastructure	Supportive Services
Rehabilitation of Existing Housing	Senior Housing
Child and Senior Day Care	Accessible Housing
More Housing for Low Income	Job Training
Transportation	Senior Prescription Relief
Affordable Rental Housing	Technical Assistance
Economic Development	Tenant Based Rental Assistance

Housing Market Analysis

By 2005, the state is projected to have almost 110,000 new households. Exhibit ES-5 shows the estimated income levels of the new households, distributed by the HUD income categories that are used to target housing funds.

**Exhibit ES-5.
Change in
Households
by Income Level**

Source:
BBC Research & Consulting;
PCensus/AGS.

HUD Income Categories	2000 Households	2005 Households	Change
Extremely Low Income	333,561	348,222	14,661
Very Low Income	354,703	370,293	15,590
Low Income	298,227	311,335	13,108
Moderate Income	399,257	416,806	17,549
More than Moderate	893,886	933,175	39,289
Total	2,279,634	2,379,831	100,197
State Median Income	\$39,424	\$46,245	\$6,821

For the FY2001 Consolidated Plan Update, this projected growth in households by income was compared to the estimated affordability of both single family homes and rental units in 2005. The results produced an “affordability index” that compares the affordability of housing in 2000 with the estimated affordability in 2005.

The purpose of the analysis is to answer the question: “Will the people moving into counties throughout the state be able to afford the housing available to them?” This is an important question for policymakers to consider when planning what types of housing should be built to accommodate the housing needs of future populations.

An affordability index was calculated for each county in the state. This index identifies whether or not the affordability of housing in a county is expected to improve or worsen during the next five years. An index less than 1.0 indicates that affordability is likely to worsen because fewer households will be able to afford the median priced house or average rent in 2005. Conversely, an index greater than 1.0 indicates that affordability is projected to improve during the next five years, because more households will be able to afford to buy or rent.

Exhibit 6 on the following page shows the estimated affordability index for single family and rental housing for each county in the state.

Housing Market Analysis

Exhibit ES-6. Affordability Index: How Households Will Fare in 2005

County	Ownership Index	Renter Index	County	Ownership Index	Renter Index
Adams	1.03	0.95	Lawrence	0.86	0.88
Allen	0.90	0.95	Madison	0.90	0.86
Bartholomew	1.01	0.91	Marion	0.91	0.96
Benton	0.93	1.00	Marshall	0.78	0.94
Blackford	0.81	0.87	Martin	0.86	1.01
Boone	1.12	0.88	Miami	0.93	0.71
Brown	1.04	0.95	Monroe	1.04	0.89
Carroll	0.90	1.00	Montgomery	0.87	0.95
Cass	0.83	0.83	Morgan	0.90	0.88
Clark	0.90	0.84	Newton	0.79	0.94
Clay	0.75	1.01	Noble	0.88	0.95
Clinton	0.87	0.93	Ohio	0.90	1.01
Crawford	0.79	0.66	Orange	0.80	0.94
Daviess	0.93	0.82	Owen	0.87	0.96
Dearborn	0.90	0.95	Parke	0.84	1.01
Decatur	0.79	0.84	Perry	0.82	0.78
DeKalb	0.89	0.84	Pike	0.81	0.74
Delaware	0.90	0.90	Porter	1.10	0.93
Dubois	1.05	1.01	Posey	0.92	0.95
Elkhart	0.89	0.95	Pulaski	0.87	1.00
Fayette	0.88	0.94	Putnam	0.89	0.96
Floyd	0.97	0.88	Randolph	0.69	0.87
Fountain	0.93	0.95	Ripley	0.90	0.96
Franklin	0.89	1.00	Rush	0.94	0.95
Fulton	0.86	0.95	St. Joseph	0.82	0.85
Gibson	0.93	0.83	Scott	0.93	0.97
Grant	0.85	0.94	Shelby	0.81	0.74
Greene	0.94	1.01	Spencer	0.95	0.95
Hamilton	1.06	0.98	Starke	0.94	0.95
Hancock	0.99	0.92	Steuben	0.89	0.84
Harrison	0.92	0.96	Sullivan	0.94	0.88
Hendricks	1.08	0.93	Switzerland	0.94	1.01
Henry	0.89	0.84	Tippecanoe	0.91	0.95
Howard	0.92	0.98	Tipton	0.92	0.95
Huntington	0.94	0.93	Union	0.94	0.73
Jackson	0.88	0.83	Vanderburgh	0.82	0.84
Jasper	0.90	1.01	Vermillion	0.93	0.93
Jay	0.92	0.95	Vigo	0.89	0.83
Jefferson	0.80	0.92	Wabash	0.94	0.95
Jennings	0.87	1.01	Warren	0.78	1.00
Johnson	0.99	0.96	Warrick	0.99	0.88
Knox	0.83	0.93	Washington	0.97	0.95
Kosciusko	0.95	0.87	Wayne	0.81	0.93
La Porte	0.82	1.00	Wells	0.89	0.96
LaGrange	0.88	0.78	White	0.78	0.83
Lake	0.91	0.96	Whitley	0.89	0.93

Note: An index higher than 1.0 indicates greater estimated affordability in 2005; less than 1.0 indicates less estimated affordability.

Source: BBC Research & Consulting; Indiana Housing Finance Authority, Housing Market Study; PCensus/AGS.

Housing Market Analysis

It should be noted that the index does simplify reality and that the actual affordability of housing in the future may differ from what the index predicts. Changes in local economies, zoning and building codes, and household preferences about renting and owning all influence how housing is developed and distributed among households. These variables are very difficult to predict, and they can strongly affect the affordability of local housing markets. In addition, the forecasted growth in households, income, and home prices and rents are all based on the growth experienced between 1990 and 2000, a time of significant economic expansion. If the economy does not perform as well between 2000 and 2005, each county's affordable housing needs could vary from what is estimated here.

Housing needs cannot be considered alone when evaluating the overall needs of the state. In many instances, the distinction between housing and community development needs is artificial. Addressing these needs together is integral to well-founded and successful ongoing community development. Common indicators of the health of community development include unemployment, job growth, gross state product and the quality of public infrastructure.

Overall, the state has continued to prosper in 2000. Unemployment rates remain low, job markets are strong, and housing markets are healthy. This was reflected in the 2001 Community Survey results in which 70 percent of respondents said that the perception of their community had improved during the last five years.

There are, however, some weak areas. Much of the state's population, housing, and economic development growth has occurred around the urban centers. Rural areas, particularly those with less diverse economies, are reportedly in need of higher paying, quality jobs. These areas may also need improvements in public infrastructure, such as downtown revitalization, water and sewer systems, and transportation.

Indeed, a common community development need expressed in the forums and surveys is for improvements in public infrastructure, including water and sewer systems. Exhibit ES-7 shows the findings from a recent survey of county health officials about areas in their communities with sewage disposal problems.

Housing Market Analysis

Exhibit ES-7.
Estimated Sewage Disposal Problems, by County, 1999

County	Residences	Businesses	County	Residences	Businesses
Adams	375	18	Lake	621	25
Bartholomew	458	18	La Porte	2,363	133
Benton	195	9	Miami	682	48
Boone	189	18	Monroe	785	22
Brown	1,497	1	Montgomery	50	0
Cass	421	23	Morgan	285	0
Clark	600	19	Newton	310	30
Clay	135	4	Noble	150	2
Clinton	518	29	Ohio	35	3
Crawford	80	9	Owen	1,994	48
Daviess	75	2	Parke	415	67
Decatur	545	21	Porter	1,300	57
DeKalb	90	2	Posey	390	6
Delaware	620	9	Randolph	60	0
Dubois	1,025	50	Ripley	255	18
Elkhart	451	24	Rush	100	4
Fayette	30	2	Scott	245	8
Fountain	344	17	Shelby	1,099	35
Franklin	75	4	Spencer	225	10
Fulton	980	4	St. Joseph	656	47
Gibson	1,000	32	Steuben	1,300	45
Grant	739	29	Switzerland	130	3
Greene	35	0	Tippecanoe	420	22
Hamilton	439	3	Tipton	291	17
Hancock	470	29	Vanderburgh	140	22
Harrison	120	0	Vigo	1,581	25
Hendricks	140	0	Wabash	627	19
Henry	85	7	Warren	370	13
Howard	583	35	Washington	225	19
Jackson	277	40	Wayne	797	83
Jay	17	0	Wells	412	35
Johnson	450	13	White	5,174	114
LaGrange	290	42	Whitley	360	18
			Total	37,195	1,511

Source: 1999 Unsewered Community Survey, Indiana Rural Assistance Program and Indiana State Department of Health.

Special Needs Populations

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulty in paying for adequate housing and often require enhanced community services. For the purposes of the Consolidated Plan, special needs populations include: the elderly, persons who are homeless, persons with developmental disabilities, persons living with HIV/AIDS, persons with physical disabilities, persons with mental illness or substance abuse problems, and migrant agricultural workers. An analysis of the housing and community development needs of these populations was included in the Consolidated Plan and revealed the following.

- There were 743,000 elderly persons living in 494,000 households in Indiana in 2000. The majority of elderly in the state own their homes and live somewhat independently. However, national estimates suggest that between 5,000 and 13,000 elderly households in Indiana live in housing that is in substandard condition. One-fourth of the elderly in the state are estimated to have a mobility of self-care limitation. With the total elderly population projected to grow to 781,000 by 2005 and 844,000 by 2010, the likely trend is for the magnitude of these needs to increase.
- A recent study of the homeless conducted in Indianapolis indicates that 12,500 to 15,000 people in the city experience homelessness during any one year. Applying these numbers to the state population, it is estimated that nearly 100,000 Hoosiers experienced homelessness in 2000. Studies by the State Department of Health and for the Continuum of Care place the number of homeless people between 88,000 and 100,000. An even greater number of people — nearly 7 percent of the population or 400,000 individuals — are estimated to be at risk of homelessness. These individuals are forced to move in with friends or relatives or live in other temporary housing because of difficulties in finding housing of their own.
- According to a 2000 study, there are approximately 70,000 persons with developmental disabilities in Indiana. The trend in serving these individuals is to move away from institutional care towards small group homes and integrated community settings.
- According to the most recent data on HIV/AIDS populations, between 1,750 and 2,906 people living with HIV/AIDS in Indiana need housing, but there are currently only 93 subsidized units in the state targeted to such individuals. Persons with HIV/AIDS typically face a number of challenges in obtaining housing that meets their needs, including discrimination, requirements for health services, and the co-incidence of HIV/AIDS with substance abuse and mental illness.

Special Needs Populations

- The total number of individuals with severe physical disabilities is estimated at between 240,000 and 590,000, depending on the definition of disability. Approximately 355,000 of the physically disabled in the state reside in non-entitlement areas. These individuals have access to various state and federal income and housing subsidy programs to support their housing needs, but these programs may not be adequate, depending on individual needs.
- There are approximately 236,000 individuals with mental illnesses in Indiana, 55,000 of whom are low income and are the target of programs offered by the Division of Mental Health. The Division also serves an additional 26,000 people at any one time with substance abuse. Funding of housing programs and other resources for these individuals is weighted towards cities, making it likely that persons with mental illness or substance abuse problems face a housing shortage in the state's non-entitlement areas.
- The number of migrant agricultural workers in the state is estimated to range between 8,000 and 10,000. Although housing for these workers is historically provided by the growers, this housing is often overcrowded, with several families residing under one roof. Many of the existing housing units are of substandard quality and not well maintained. The housing needs of migrant agricultural workers are hard to quantify due to the lack of quantitative data. However, qualitative data indicate that the need for affordable quality housing is great.

Exhibit ES-8 summarizes the greatest needs of the special population groups discussed in the Consolidated Plan, along with the primary resources currently available to serve their needs.

Exhibit ES-8.
Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care)	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHFA Home Equity Conversion Mortgage Program Medicaid Public Housing Section 202 Section 8
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill	ESG CDBG HOME/IHFA HOPWA IDOC ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provision Community settings for developmentally disabled Service providers for semi-independent	CDBG CHOICE HCBS HOME/IHFA SILP/AF SSI Family Subsidy Medicaid Section 811
HIV / AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation	HOME/IHFA HOPWA Section 8
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers	CDBG CHOICE HOME/IHFA SSI Medicaid Section 811
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers	CDBG CHIP Division of Mental Health Section 811
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing	Family programs Public transportation	CDBG Rural Opportunities, Inc.

Strategic Plan and Action Items

The following table provides the 2001-2002 program year funding levels for each program. These resources will be allocated to address the identified housing and community development strategies and actions. Please see Appendix G for methods of distribution for each program, including matching dollar requirements and sources of such funds.

**Exhibit ES-9.
2001 Consolidated
Plan Funding,
by Program and
State Agency**

Source:
State of Indiana and HUD, 2001.

Agency	Allocation
Indiana Department of Commerce (CDBG)	38,130,000
Indiana Housing Finance Authority (HOME)	16,122,000
Indiana Housing Finance Authority (HOPWA)	686,000
Indiana Family and Social Services Administration (ESG)	<u>1,743,000</u>
Total	56,681,000

Seven top-level goals were established by the Committee for the FY2000 five year plan. For the FY2001 plan, the action items that support each of these goals were audited for their effectiveness in continuing to address the housing and community development needs identified during the FY2001 planning process. The seven goals include the following:

1. Expand and preserve affordable rental housing opportunities.
2. Enhance affordable homeownership opportunities.
3. Promote livable communities and community redevelopment.
4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.
5. Strengthen and expand the state's continuum of care for persons who are homeless.
6. Strengthen the safety net of housing and services for special needs groups.
7. Enhance the local capacity for housing and community development.

To audit the effectiveness of the five year plan, the Committee participated in an exercise that compared the top housing and community needs for FY2001 with the programs and funding sources that are currently in place or planned in the short term. During this exercise, the following questions were considered:

Strategic Plan and Action Items

- What are the top needs identified through the community survey, regional forums, and analysis of secondary data?
- Are these needs different from those identified for the FY2000 planning period? If so, how?
- What programs or activities are currently in place to serve these needs?
- Where are the remaining gaps?
- How should the gaps be addressed and through what funding source?

For each of the seven goals, strategies were established, and, for each strategy, specific action items were developed. The effectiveness of the strategies will continue to be monitored annually and modified, if necessary, to ensure that they continue to address the state's needs. The strategies are summarized below. Please refer to the full copy of the Consolidated Plan for detailed strategies and action items, as well as monitoring benchmarks.

Goal 1. Expand and preserve affordable rental housing opportunities.

- a. Continue funding the Indiana Housing Finance Authority's (IHFA) Housing from Shelters to Homeownership program.
- b. Continue using Rental Housing Tax Credits to develop affordable rental housing.
- c. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
- d. Continue to preserve existing Section 8 expiring use properties through IHFA's work as a HUD designated Participating Administrative Entity (PAE) and as a Section 8 Contract Administrator for certain properties.
- e. Explore the development and use of State Rental Housing Tax Credits for affordable rental housing development.
- f. Continue the use of the Indiana Coalition on Housing and Homeless Issues' (ICHHI) "OTAG" program, which assists displaced Section 8 tenants in finding new affordable rental units.

Strategic Plan and Action Items

Goal 2. Enhance affordable homeownership opportunities.

- a. Continue to fund IHFA's Housing from Shelters to Homeownership program to provide affordable single family new construction and rehabilitation of existing units for resale.
- b. Continue IHFA's First Home program, which uses Mortgage Revenue Bonds and Mortgage Credit Certificates to provide interest rate subsidies and down payment assistance to low and very low income households for purchase of their first home.
- c. Explore the feasibility of establishing a statewide homebuyer counseling program.
- d. Evaluate and/or implement a program that promotes homeownership to the state's minority populations, specifically targeting African American and Hispanic homebuyers.
- e. Continue using the Department of Commerce's (IDOC) Individual Development Account program for downpayment assistance.

Goal 3. Promote livable communities and community redevelopment.

- a. Continue funding IDOC's Community Focus Fund (CFF), which uses CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of daycare and senior centers.
- b. Expand the knowledge of a referral network to programs that complement the CFF and provide funding leverage.
- c. Continue funding IHFA's Housing from Shelters to Homeownership program, which provides funding for the entire continuum of housing needs of communities.
- d. Continue the use of the planning and community development components that are part of the Planning Grants and Foundations programs funded by CDBG and HOME dollars.
- e. Continue including rehabilitation of existing structures as a scoring preference for applications for the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
- f. Explore the feasibility of and/or implement a statewide Fair Housing campaign.
- g. Continue to promote and encourage energy efficiency through the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
- h. Continue working to reduce the environmental hazards in housing, including lead based paint risks.

Strategic Plan and Action Items

Goal 4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.

- a. Continue the use of IDOC's Community Economic Development Fund (CEDF), which funds job training and infrastructure improvement in support of job creation for low to moderate income persons.
- b. Explore using the CEDF to fund employer based skills training that is transferable.
- c. Explore enhancing innovative employment and training opportunities, particularly for low income and special needs groups.

Goal 5. Strengthen and expand the state's continuum of care for persons who are homeless.

- a. Continue to submit an annual SuperNOFA application to fund continuum of care activities.
- b. Encourage the formation of regional continuum of care consortia to coordinate continuum of care activities and provide guidance on specific needs.
- c. Continue statewide nonprofit training for SuperNOFA grant applications provided by ICHHI.
- d. Expand the funding available for shelter and transitional housing development in IHFA's Housing from Shelters to Homeownership program.
- e. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
- f. Continue to work to improve the Family and Social Service Administration's (FSSA) Emergency Shelter Grant (ESG) applications and scoring process to emphasize continuum of care services.
- g. Review the organization of homeless and ESG functions; evaluate how to ensure a more coordinated approach between shelter funding and the Continuum of Care.

Goal 6. Strengthen the safety net of housing and services for special needs groups.

- a. Enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for persons who are homeless and difficult to serve (e.g., persons with mental illness or substance abuse).
- b. Continue the Consumer Advisory Board (CAB) administered by the Department of Health to receive input on the needs of the state's population living with HIV/AIDS.

Strategic Plan and Action Items

- c. Enhance technical assistance and planning activities of organizations serving special needs groups.
- d. Continue IDOC's CFF funding for the development of health care facilities, public social service offices that work with special needs populations, and shelter workshop facilities, in addition to modifications to make facilities accessible to the disabled.
- e. Continue to use HOPWA and Ryan White funding for tenant-based housing assistance, emergency assistance and direct client support.
- f. Continue using IHFA's Housing from Shelters to Homeownership program for owner-occupied grant rehabilitation that can be used for home improvements that accommodate people with physical and developmental disabilities and the elderly.
- g. Explore the feasibility of a pilot home modification program that could also be used for physical adaptability.
- h. Participate in the Home Choice program sponsored by Fannie Mae that allows more flexible underwriting guidelines for homeownership for persons with disabilities.
- i. Improve the integration of the Consolidated Plan and Analysis of Impediments processes.
- j. Research the need for a central and comprehensive information source of programs to assist the state's citizens, especially those with special needs.
- k. Evaluate the need for a survey targeted to the state's migrant agricultural workers, to improve upon the data and knowledge about the housing and community development needs of this population.

Goal 7. Enhance the local capacity for housing and community development.

- a. Continue using CDBG funding for technical assistance, including accreditation and procurement training.
- b. Continue providing funding for training and technical assistance in the pre-and post-application process for IHFA's programs. Also continue providing Community Housing Development Organization (CHDO) training and capacity building activities through the CHDO Works program.
- c. Continue providing HOPWA training and technical assistance sponsored by ISDH.
- d. Continue the statewide forum on grant applications sponsored by FSSA.

Strategic Plan and Action Items

- e. Continue the technical assistance provided by the Indiana Technical Assistance Consortium.
- f. Explore working with the Indiana Grantmakers Alliance to enhance their grant writing course, especially for applicants for Continuum of Care funding.
- g. Explore providing more direct training for ESG grantees.
- h. Explore the creation of a core operating fund for not-for-profits.
- i. Explore the creation of a “training catalogue” for potential grantees that could be distributed at the Consolidated Plan regional forums.

Impediments to Fair Housing

Background

The State of Indiana also conducted an Analysis of Impediments to Fair Housing Choice (AI) for the 2001 program year. The 2001 AI included a comprehensive review of policies, practices and procedures that affect the location, availability and accessibility of housing and current residential patterns and conditions within the state. The citizen participation process for the AI included a survey of community leaders with a section dedicated to fair housing and six regional forums targeted to persons with special needs. The full AI is located in Appendix I.

Identified Impediments

The following list of impediments to fair housing was developed from citizen input and quantitative analyses of fair housing complaint data, HMDA data, CRA ratings and community survey responses.

- The shortage of affordable units typically occupied by large families, low/moderate income minority householders, and persons who are disabled restricts access to housing.
- Because accessibility design standards are not regularly used to construct rental units, a lack of units designed to accommodate persons with disabilities is particularly pronounced. More units are needed that accommodate persons with disabilities.
- Uninformed or intentionally unlawful landlords prohibit persons who are disabled from equal access to housing.
- The lack of public transportation outside of Indiana's larger cities prevents individuals from seeking housing and employment choices outside these areas.
- Race, disability and familial status remain the top reasons cited for discrimination in the fair housing complaints filed by citizens to the ICRC.
- Although the majority of Indiana's financial institutions have satisfactory to outstanding CRA ratings, the percentage with top ratings declined from 1995.
- An analysis of the HMDA data uncovered a modest variation in denial rates of African Americans. Although disparities in approval rates are not definitive proof of discrimination, the presence of disparities suggests the need for further inquiry.

With the support of a multi-agency team, the state has been able to make strides toward furthering fair housing in Indiana. The Indiana Fair Housing Task Force, along with Indiana Department of Commerce, the Indiana Housing Finance Authority, the Indiana Family and Service Administration, and the Indiana Civil Rights Commission (ICRC) have greatly expanded the state's coordination of activities and campaign to resolve fair housing issues. A summary of the progress made toward the goals presented in the 2000 Action Plan is located in Appendix I.

Purpose of the Consolidated Plan

Beginning in fiscal year 1995, the U.S. Department of Housing and Urban Development (HUD) required states and local communities to prepare a Consolidated Plan in order to receive federal housing and community development funding. The Plan consolidates into a single document the previously separate planning and application requirements for Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnerships Program and Housing Opportunities for People with AIDS (HOPWA) funding, and the Comprehensive Housing and Affordability Strategy (CHAS). Consolidated Plans are required to be prepared every five years; updates to the five year Plan are required annually.

The Purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals, and strategies; and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments.

2001 Indiana Consolidated Plan Update

The FY2001 Consolidated Plan Update is the first annual update to the FY2000 five year Consolidated Plan. This report updates the demographic and socioeconomic information and trends related to Indiana's current and future housing and economic development needs. The report contains new data about these needs, gathered through surveys and regional public forums. This information is used to review and modify, if needed, the strategies and actions that were developed during the five year planning process. The data are also used to craft a one-year action plan to address the state's most pressing needs.

What's New in the 2001 Consolidated Plan Update

- Three hundred and forty seven key persons in communities statewide were surveyed and responded to questions about a number of issues in their communities including homelessness, affordability and quality of housing, employment opportunities and Fair Housing practices;
- Approximately 150 citizens and representatives from nonprofits and local governments attended regional forums to discuss and prioritize the housing and community development needs in their communities;
- The State's socioeconomic conditions were updated with current information and five and ten year forecasts were compiled;
- The housing and community development needs of special populations were evaluated and updated; and
- A new projection of housing affordability in 2005 was estimated for each county in the state.
- Finally, the Plan is supplemented with a new Analysis of Impediments to Fair Housing Choice, which examines the existing and potential barriers to fair housing choice throughout the state.

Compliance with Consolidated Plan Regulations

The State of Indiana's 2000 Consolidated Plan was prepared in accordance with Sections 91.300 through 91.330 of the U.S. Department of Housing and Urban Development's (HUD) Consolidated Plan regulations. Appendix H, the "HUD Regulations Cross-Walk" contains a checklist detailing how the 2001 Update meets these requirements.

2001 Indiana Consolidated Plan Update

Notes on the Data

Detailed results of the 2000 U.S. Census will become available in mid-2001, after the due date of the 2001 Update. Therefore, this report mostly relies on data from 1999 or 1998. These data and five and ten year forecasts have been obtained through commercial data providers that use econometric techniques to update 1990 U.S. Census data. Sources of this secondary data, as well as those of primary data, are indicated in the text where appropriate.

Although many economic and demographic statistics are updated annually or semiannually, some have not been updated since the 1990 Census. Thus, in some cases, the “most recent available” data will be as of 1989 or 1990. This treatment is consistent with HUD recommendations for sources of data when updated data are unavailable.

The data are primarily aggregated on a state or county level, with data on non-entitlement areas¹ presented separately when available. Occasionally, data from entitlement areas or major metropolitan statistical areas are used to evaluate economic conditions or determine housing and community development needs if state and county data are unavailable or outdated.

¹ The term “entitlement areas” refers to cities and counties that, because of their size, are able to receive CDBG funding directly. These areas must complete a Consolidated Plan separately from the state’s to receive funding. The requirements for receiving HOME, ESG, and HOPWA funds are all slightly different, but are generally based on size and need. For purposes of this report, “non-entitlement” refers to cities and towns that do not file Consolidated Plans individually and are not able to receive funding from the HUD programs directly. The entitlement areas in Indiana include the cities of Anderson, Bloomington, East Chicago, Elkhart, Evansville, Fort Wayne, Gary, Goshen, Hammond, Indianapolis, Kokomo, Muncie, New Albany, Terre Haute; Lake County; and the consortiums of Lafayette (including the cities of Lafayette and West Lafayette) and St. Joseph’s County (including the cities of South Bend and Mishawaka).

Organization of the Report

The remainder of the 2001 Update is organized into six sections and eight appendices.

- Section II discusses the demographic and economic trends in Indiana, including five and ten year forecasts, to set the context for the housing and community development needs and strategies discussed in later sections.
- Section III reports the findings from the regional forums and key person survey, along with analyses of the state's housing and community development needs.
- Section IV reports updated information about the state's housing market needs, including the expected need for affordable housing by county and a discussion of barriers to housing.
- Section V discusses the housing and community development needs of the state's special needs populations. The section gives updated estimates of these populations, reports new programs and initiatives to serve them, and identifies remaining gaps.
- Section VI contains the state's updated five year program strategies and one-year action plan.

The Appendices include:

- A. List of Key People
- B. Consolidated Plan Certifications
- C. Key Person Survey Instrument
- D. Citizen Participation Plan and Outreach Efforts
- E. Public Comment and Response
- F. 2000 Fund Allocations
- G. 2001 Allocation Plan
- H. HUD Regulations Cross-Walk
- I. Analysis of Impediments to Fair Housing Choice

Planning Process

Lead and Participating Agencies

Indiana's 2001 Update was a collaborative project. The Indiana Department of Commerce and the Indiana Housing Finance Authority were responsible for overseeing the coordination and development of the Update. The Indiana Family and Social Services Administration (FSSA) and the Indiana State Department of Health (ISDH) also assisted in its development.

The Consolidated Plan Coordinating Committee included representatives from the organizations listed above as well as individuals from the Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community Economic Development (IACED), the Indiana Civil Rights Commission, the U.S. Department of Agriculture Rural Development, Local Initiative Support Corporation (LISC) of Indianapolis, The Back Home in Indiana Alliance, and the U.S. Department of Housing and Urban Development. A list of Committee members and their respective organizations can be found in Appendix A.

Citizen Participation Process

The Consolidated Plan was developed with a strong emphasis on community input. Brochures explaining the purpose of the Consolidated Plan and how citizens can contribute, including an agenda and dates of the public forums, were mailed to citizens and local governmental and nonprofit organizations throughout the state at the beginning of the public process.

Citizens participated in the development of the Consolidated Plan through:

- Regional public forums: twelve forums (six specifically for persons with disabilities) were held in six cities throughout the state;
- A statewide community survey of 347 community representatives;
- A 30 day public comment period; and
- Two public hearings about the Plan and fund allocations.

Planning Process

Consultation with Governmental and Nonprofit Organizations

The Consolidated Plan Committee made a significant effort to involve governmental agencies and nonprofit organizations at all levels in the planning process. In addition to the regional forums described above, representatives of governmental or nonprofit organizations participated by sharing studies and information concerning the needs of communities. Among the organizations with which the Committee exchanged information were state and local policymakers, service providers to the state's special needs populations, administrators of public housing authorities, and city planners and housing development specialists. The materials that these organizations shared with us are sourced throughout the report.

The Indiana Housing Finance Agency made a special effort to involve Public Housing Agencies, Community Housing Development Organizations, and former HOME and CDBG grant recipients in the Consolidated Planning process by sending each organization a written invitation to the regional forums and public hearings, along with a copy of the brochure about that forums and hearings for distribution to clients.

Acknowledgments

Each member of the Consolidated Plan Coordinating Committee made valuable contributions to this process and merits special recognition.

The State of Indiana retained BBC Research & Consulting, Inc. (BBC), an economic research and management consulting firm, and The Keys Group, an Indiana-based planning and research partnership, to assist in the preparation of the 2001 Consolidated Plan Update.

Demographic and Economic Profile of Indiana

This section discusses the demographic and economic characteristics and conditions in the State of Indiana, including recent trends in population, income, and employment growth; an economic outlook and forecast for the next five to ten years; and the implications of such trends on the state's housing and community development. The contents of this section partially fulfill the requirements of Section 91.305 of the State Government Consolidated Plan Regulations.

Much of the data used in this section are from the commercial data providers PCensus and Applied Geographic Solutions (AGS). These sources generate current and projected data using econometric techniques applied to U.S. Census and other comprehensive economic databases. U.S. Census data from the 2000 Census are reported where available. Secondary data is also collected from state sources, primarily the Indiana Business Research Center at Indiana University. The data modeling is performed by BBC Research & Consulting.

Summary

The impressive performance of the U.S. economy continued in the first half of 2000, with economic activity expanding at a rapid rate. Prompted by a concern that the economy could overheat, the Federal Reserve increased interest rates several times in early 2000. By the end of 2000, there was evidence that these actions had cooled the potentially inflationary economy. Indeed, the slowdown in the economy in early 2001 has led to fears of a recession. Overall, national economic growth is expected to be slower in 2001: unemployment is predicted to rise slightly, consumer spending should slow, and housing starts are expected to be down.

For Indiana, this means overall growth is predicted to increase, but not at the same rate that it has in the past five years. Specifically:

- Population growth is expected to continue to slow somewhat during the next five years, with Indiana growing at a slightly slower pace than the nation as a whole. Growth is likely to occur in both urban and rural areas.
- The state will continue to grow older as the baby boomers age, and there will be a slight increase in the median age in the next five to ten years. Population declines are expected in the 20 to 35 age cohort.
- According to forecasts in mid-2000, the percentage of households in the highest income brackets is expected to increase during the next five years, while the percentage of individuals in lower income brackets is expected to decrease. Personal income growth should be slightly lower than in 2000, but is expected to continue to be strong. However, an economic slowdown in 2001 could dampen this forecast.

Demographic and Economic Profile of Indiana

- Job growth in Indiana is expected to be highest for lower paying jobs, such as nonprofessional service, support, and sales positions. Manufacturing will continue to fall behind the service sector in providing employment to the state.
- In their latest economic outlook for 2001, the Indiana Business Research Center predicts that a slowdown in consumer spending and housing related to a slightly slowing economy may keep Indiana from advancing at the national rate of economic growth.

Population Characteristics

Overall Growth

Population estimates from the 2000 Census were released in December 2000. The estimates show that population in Indiana increased by 9.7 percent between 1990 and 2000, to a total of 6,080,485 million people. This growth was slow relative to the population growth in the western and southern U.S., which resulted in a loss of a congressional representative seat for the state. However, Indiana's growth during the decade was stronger than many other Midwestern states.

Between 1999 and 2000, the state's population growth remained fairly stable, increasing less than one percent. This rate was consistent with the state's average annual population growth between 1990 and 2000 of about .9 percent.

Growth of Non-Entitlement Areas

Non-entitlement areas¹ of the state made up about 60 percent of the state population in 1999, about two percent more than in 1990. The total population in non-entitlement areas was 3.6 million people in 1999; population in entitlement areas was 2.3 million. Between 1990 and 1999, the total population in non-entitlement areas increased 12 percent, for an annual growth rate of 1.28 percent. This growth was about 65 percent higher than the annual growth in the state as a whole.

Growth by County

Counties within a metropolitan statistical district (MSA) held about 71 percent of the state's population in 2000. There were 4.26 million people in MSA counties in 2000, compared with 1.72 million in non-MSA counties.

Between 1999 and 2000, Ripley County had the largest percentage growth in population of the state's non-MSA counties with a 2.7 percent increase. Population in Marshall, Pulaski and Union counties also grew by more than two percent.

¹ The term "entitlement areas" refers to cities and counties that, because of their size, are able to receive CDBG funding directly. These areas must complete a Consolidated Plan separately from the state's to receive funding. The requirements for receiving HOME, ESG, and HOPWA funds are all slightly different, but are generally based on size and need. For purposes of this report, "non-entitlement" refers to cities and towns that do not file Consolidated Plans individually and are not able to receive funding from the HUD programs directly. The entitlement areas in Indiana include the cities of Anderson, Bloomington, East Chicago, Elkhart, Evansville, Fort Wayne, Gary, Goshen, Hammond, Indianapolis, Kokomo, Muncie, New Albany, Terre Haute; Lake County; and the consortiums of Tippecanoe (including the cities of Lafayette and West Lafayette) and St. Joseph's County (including the cities of South Bend and Mishawaka).

Population Characteristics

As in past years, Hamilton County led the growth of the MSA counties, with a 6.2 percent population increase between 1999 and 2000. Nearby Hendricks and Johnson counties also had large gains, with population increases between 1999 and 2000 of greater than three percent. The state's MSA counties also experienced the highest net migration in the state during the 1990s: Hamilton County gained 42,000 people between 1991 and 1998, Hendricks added 15,000, and Johnson gained 16,000.

Three-fourths of the counties with declines in population between 1990 and 2000 were non-MSA counties. Miami County lost nearly nine percent of its population during this period. Knox and Grant Counties also had relatively large population declines, losing more than two percent of their populations. Blackford, Perry, Fayette, Wabash, and Wayne Counties had declines exceeding one percent.

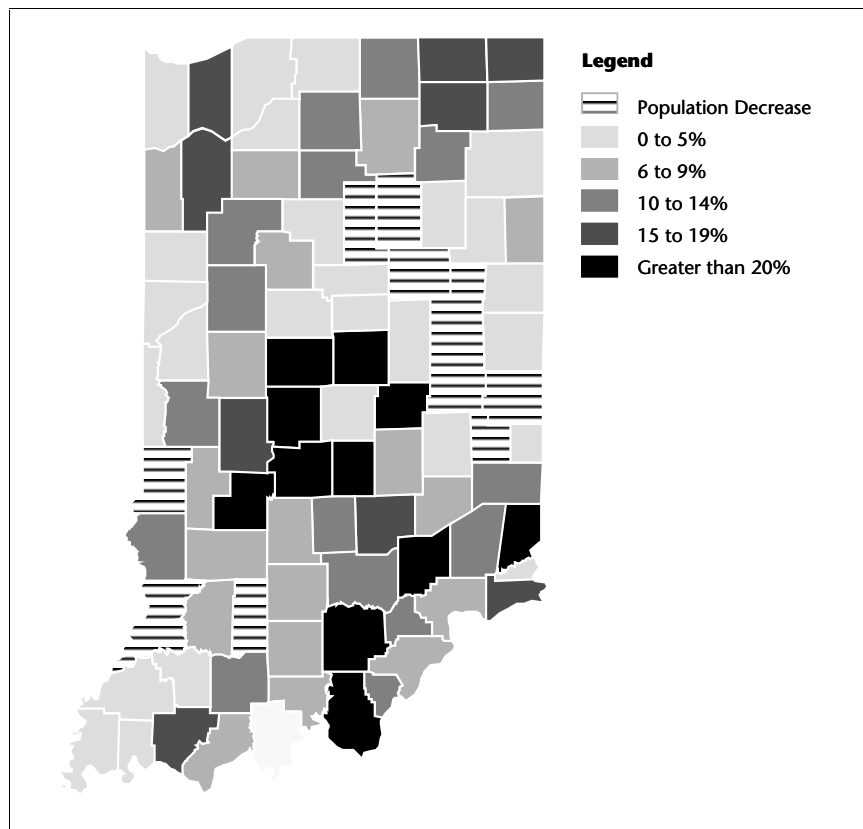
Although a number of MSA counties experienced stagnant growth between 1990 and 2000, Delaware and Vigo counties were the only MSA counties with population declines.

Exhibit II-1 shows population growth and decline by county between 1990 and 2000.

Exhibit II-1. County Population Growth and Decline

Source:
PCensus/Applied Geographic
Solutions.

***The fastest growing
counties are mostly
adjacent to urban
areas.***



Population Characteristics

Age

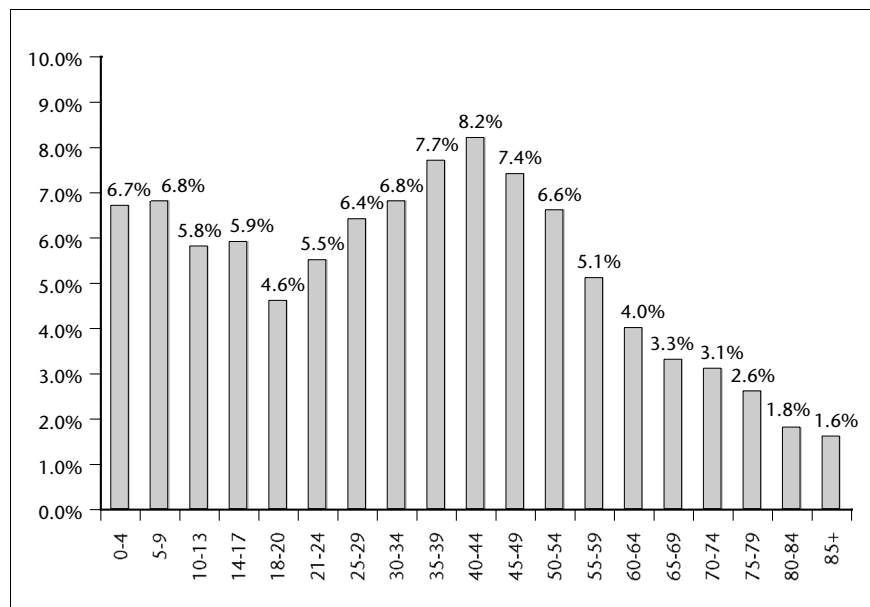
Examining population trends by age group aids in projecting future housing and community development needs. As the state's large cohort of baby boomers has been aging, the state as a whole has been growing older. Indeed, in 2000, the median age in the state was 35 years old, compared to 32 years in 1990.

Similar to the rest of the U.S., baby boomers constitute a large percentage of Indiana's current population and are the fastest growing age cohorts. Thirty-one percent of the state's total population was between the ages of 30 and 49 years old in 2000. The state's youngest cohorts also made up a significant portion of the population: 14 percent of the population in 2000 was between 0 and 9 years old and 16 percent was between 10 and 20 years old. Persons over the age of 65 comprised ten percent of the state's population. On average, non-MSA counties areas had a higher percentage of elderly residents (14 percent of total population) than MSA counties (12 percent).

Exhibit II-2. Indiana Population Estimates by Age Group, July 2000

Source:
PCensus/Applied Geographic
Solutions.

***The baby boomers and
their children make up
the largest age cohorts
in the state.***



The number of individuals between the ages of 50 and 54 grew by 52 percent between 1990 and 2000; this was the fastest growing age cohort during this period. The second largest growth occurred in individuals age 45 to 49; this group grew by 42 percent during the decade. Other age groups experiencing strong growth between 1990 and 2000 include ages 40 to 44 (28 percent), ages 55 to 59 (26 percent) and individuals over 80 (26 percent).

Population Characteristics

The state's population between 0 and 20 years old increased by only 3 percent between 1990 and 2000. The only substantial decline in population in the state occurred in the population between 20 to 35 years old; the group lost 10 percent of its population between 1990 and 2000.

If current trends continue, demand for senior housing in the state should increase modestly during the next five to ten years and more rapidly in following years, as the baby boomers continue to age. This will be especially pronounced in rural areas where the percentage of the population that is elderly is the highest. Demand for rental housing is also likely to increase as the younger age cohorts reach their twenties, when renting is common.

Race

Population data by race is also useful in projecting future housing and community development needs, as race is correlated with income and household characteristics that influence housing demand. Indiana continues to grow more diverse, but at a fairly slow rate due to the state's small base of minority populations. In 2000, minorities made up approximately 10 percent of the state's population. Most of the state's minority populations – nearly 60 percent – remain located in Marion and Lake counties. Non-MSA counties together had a minority population of three percent, and non-entitlement areas had a minority population of less than one percent. Future growth in the state's minority populations is likely to be concentrated in urban areas.

Household Composition

Household composition is also useful in predicting future needs. Exhibit II-3 on the following page shows the types of households in the state and non-MSA counties, for 1990 and 2000.

The majority (79 percent) of households in the state are married couple households. Slightly more married couples do not have children (52 percent), which is consistent with national trends. In single parent families with children, a much higher percentage of these households is headed by females (83 percent) than males (17 percent). The characteristics of households in non-MSA counties are generally consistent with the distribution in the state.

**Exhibit II-3.
Household Characteristics in Indiana and Non-MSA Counties
1990 & 2000**

Source: PCensus/Applied Geographic Solutions.

Family Households	State of Indiana					Non-MSA Counties				
	1990	2000	Percent Change 1990-2000	Percent by Households	Percent by Household Type	1990	2000	Percent Change 1990-2000	Percent of Total Households	Percent by Household Type
Married Couple										
Children less than 18	587,574	624,936	6.4%	38.2%	48.2%	181,893	191,596	5.3%	39.5%	47.7%
No children less than 18	614,446	672,543	9.5%	41.1%	51.8%	193,342	210,242	8.7%	43.4%	52.3%
Male Householder										
Children less than 18	34,169	39,189	14.7%	2.4%	51.5%	9,621	11,037	14.7%	2.3%	52.7%
No children less than 18	26,534	36,908	39.1%	2.3%	48.5%	7,069	9,913	40.2%	2.0%	47.3%
Female Householder										
Children less than 18	146,548	187,554	28.0%	11.5%	71.4%	33,625	43,405	29.1%	9.0%	70.1%
No children less than 18	71,080	75,164	5.7%	4.6%	28.6%	17,393	18,552	6.7%	3.8%	29.9%
Total family households	1,480,351	1,636,294	10.5%	100.0%		442,933	484,745	9.4%	100.0%	
Total nonfamily households	585,004	643,334	10.0%			151,003	166,126	10.0%		

Income

Income

The median household income in the state was \$40,769 between 1998 and 1999.² This was three percent higher than the median income between 1997 and 1998. (These estimates are based on two-year measures, which provide a more accurate indication of income trends than do annual growth rates). This increase was consistent with the increase (3.08 percent) in U.S. median income during the same period.

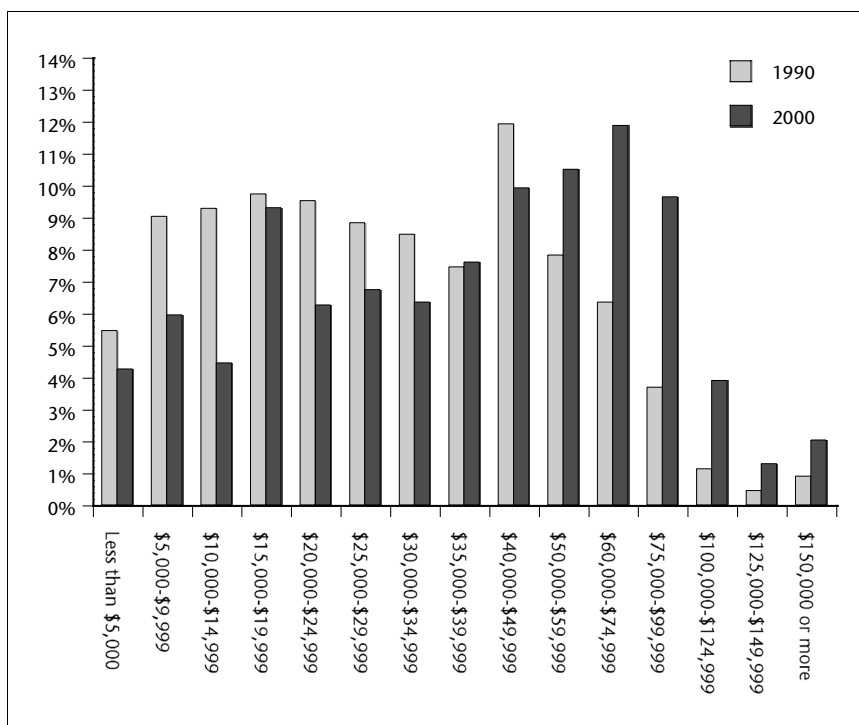
Exhibit II-4 shows the distribution of household income in the state in 1990 and 2000. The percentage of persons in the lower and middle income brackets has decreased for all income ranges up to \$35,000. Conversely, the percentage in the higher income brackets — especially incomes of \$50,000 and greater — grew fairly rapidly during the decade. The largest increase by income bracket occurred in the \$100,000 to \$125,000 range: the number of persons with incomes in this range increased 2.5 times between 1990 and 2000.

Exhibit II-4.
Percentage of
Households by
Income Bracket,
State of Indiana,
1990 & 2000

Note:
Income is adjusted
by inflation.

Source:
PCensus/Applied Geographic
Solutions.

***The income growth
during the 1990's is
expected to continue.***



² Median is a measure of the level (in this case, of income) that is exactly halfway between the highest and lowest data points in a series. The median often provides a better measure of the “average” data in a series than an actual average or mean, because averages can be skewed by data points that are very high or very low.

Income

The percentage of persons living in poverty in the state was an average of 9.1 percent during 1997 and 1998. This was almost one percent higher than the average rate of 8.2 percent between 1996 and 1997, and a reversal of the decline in the poverty rate that occurred between 1994 and 1996.

The poverty rate for children and youth was last calculated in 1995. At this time, the rate was 14.7 percent for the state overall. The counties with the highest rates of poverty in 1995 included Scott County (21.9 percent), Wayne County (21.7 percent), Lake County (21.6 percent), and Marion County (20 percent).

Although poverty tends to be concentrated in the state's urban areas – 75 percent of the state's poor lived in urban counties in 1995 – it is not exclusively an urban problem. The majority of the counties with poverty rates above the state average in 1995 were non-MSA counties.

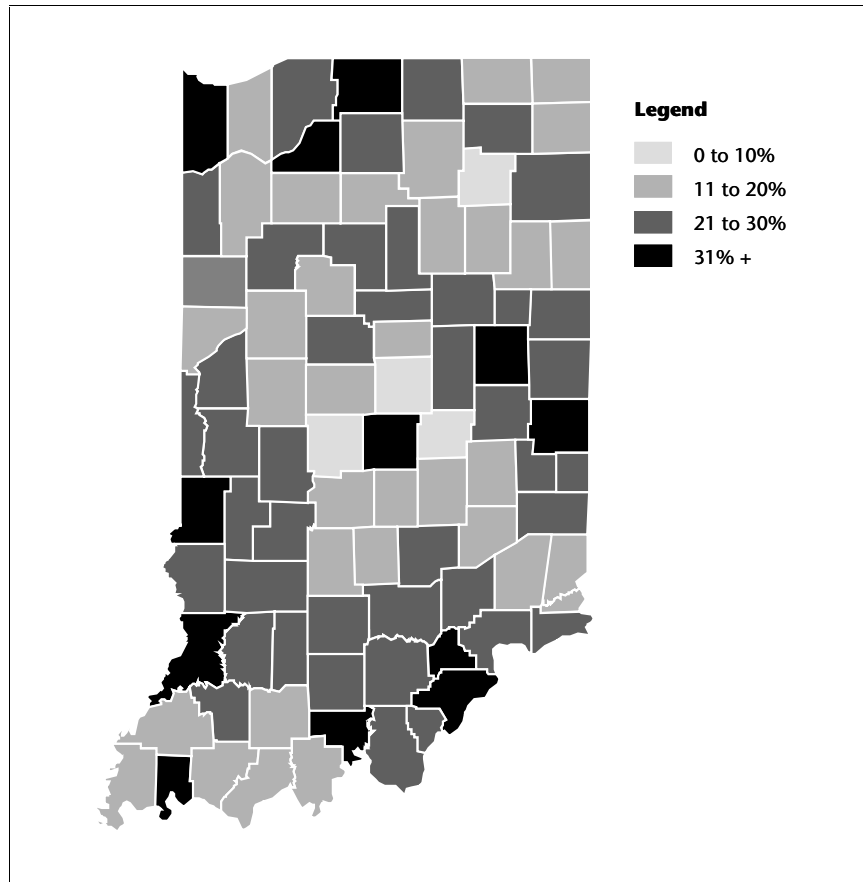
Another indicator of the economic health of families in the state is the percentage of families receiving public assistance. Exhibit II-5 shows the percentage of children participating in the school free and reduced cost lunch program as of October 1999.

Income

Exhibit II-5. Students Participating in Free and Reduced Cost Lunch Program by County, October 1999

Source:
Indiana Business Research Center.

***Lake and Marion
Counties together
contain 1/3 of the
state's school lunch
participants.***



The state average percentage of participants in the school lunch program was 26.3 percent in 1999. The county with the highest participation rate was Marion at 40.3 percent, followed by Crawford at 39 percent and Vanderburgh at 35.8 percent. About 60 percent of the counties with participation rates higher than the state average were non-MSA counties. However, the majority of the students participating in the program were located in urban counties. Indeed, Lake and Marion Counties together contained more than 30 percent of school lunch participants.

Similarly, urban counties contained the most participants in the Temporary Assistance to Needy Families (TANF) program in 1999. Lake and Marion Counties made up 45 percent of TANF participants and had the highest rates of program participation. Non-MSA counties averaged .64 percent participation in TANF in 1999, compared to 0.90 percent for MSA counties.

Exhibit II-6 shows the average weekly earnings by county for the state of Indiana, current as of March 2000.

Income

Exhibit II-6. Average Weekly Earnings by County, March 2000

Note:
MSA counties are in bold.

Source:
Indiana Business Research Center.

***On average, MSA
counties had higher
average weekly earnings
than non-MSA counties.***

County	Average Weekly Earnings	County	Average Weekly Earnings
Adams	\$490	Madison	\$601
Allen	\$633	Marion	\$723
Bartholomew	\$389	Marshall	\$519
Benton	\$421	Martin	\$475
Blackford	\$472	Miami	\$470
Boone	\$518	Monroe	\$552
Brown	\$356	Montgomery	\$602
Carroll	\$434	Morgan	\$473
Cass	\$475	Newton	\$457
Clark	\$499	Noble	\$526
Clay	\$439	Ohio	\$498
Clinton	\$507	Orange	\$421
Crawford	\$436	Owen	\$432
Daviess	\$413	Parke	\$406
Dearborn	\$507	Perry	\$477
Decatur	\$484	Pike	\$638
DeKalb	\$629	Porter	\$585
Delaware	\$548	Posey	\$709
Dubois	\$513	Pulaski	\$522
Elkhart	\$595	Putnam	\$484
Fayette	\$670	Randolph	\$503
Floyd	\$519	Ripley	\$619
Fountain	\$470	Rush	\$491
Franklin	\$388	Scott	\$447
Fulton	\$458	Shelby	\$559
Gibson	\$518	Spencer	\$576
Grant	\$575	St. Joseph	\$562
Greene	\$432	Starke	\$392
Hamilton	\$724	Steuben	\$497
Hancock	\$666	Sullivan	\$479
Harrison	\$444	Switzerland	\$398
Hendricks	\$526	Tippecanoe	\$633
Henry	\$660	Tipton	\$502
Howard	\$956	Union	\$424
Huntington	\$462	Vanderburgh	\$567
Jackson	\$537	Vermillion	\$937
Jasper	\$495	Vigo	\$505
Jay	\$486	Wabash	\$513
Jefferson	\$503	Warren	\$415
Jennings	\$459	Warrick	\$644
Johnson	\$474	Washington	\$450
Knox	\$449	Wayne	\$505
Kosciusko	\$617	Wells	\$516
LaGrange	\$546	White	\$472
Lake	\$601	Whitley	\$506
La Porte	\$527		
Lawrence	\$574	State of Indiana	\$605

Income

The average weekly earnings for MSA counties is \$577, nearly one hundred dollars more than the earnings for non-MSA counties (\$489). Howard had the highest average weekly earnings (\$956) of the MSA counties. Fayette led the non-MSA counties with \$670 in average weekly earnings. Clay had the lowest average weekly earnings (\$439) of the MSA counties and Brown had the lowest (\$356) of non-MSA counties. In general, MSAs have higher costs of living than rural areas. Therefore, the higher earnings in MSA counties may not be indicative of a higher level of economic well-being. A more realistic method of comparing counties is to examine both the earnings and costs of living – or, the level of self-sufficiency.

Self-Sufficiency

A 1999 study prepared for the Indiana Coalition on Housing and Homeless Issues (ICHHI) determined the amount of money required for families to live and work (without public or private assistance or subsidies) in Indiana. The study calculated a “self sufficiency standard” based on the monthly costs of housing, child care, food, transportation, health care, and taxes for select metropolitan areas and nonmetropolitan counties. Exhibit II-7 shows the hourly “self sufficiency wage” in 1998 for nonmetropolitan counties in the state for two adults with an infant preschooler and a single adult with an infant preschooler. Since these data are from 1998, the wage estimates are probably slightly low. Still, the data are good indicators of the disparity in costs of living throughout the state and the base wage that is needed to pay for the minimum costs of living.

Income

Exhibit II-7. Self-Sufficiency Hourly Wages, Non-Metropolitan Counties of Indiana, 1998

Source:
The Self-Sufficiency Standard
for Indiana Summary Report,
Indiana Coalition on Housing
and Homeless Issues.

County	Adult+Infant Preschooler	2 Adults+Infant Preschooler
Bartholomew	\$13.76	\$8.22
Marshall	\$12.35	\$7.68
Ripley	\$12.28	\$7.67
La Porte	\$12.19	\$7.62
Putnam	\$12.15	\$7.59
Brown	\$11.92	\$7.48
Perry	\$11.85	\$7.45
Jackson	\$11.77	\$7.42
Kosciusko	\$11.78	\$7.42
Decatur	\$11.75	\$7.41
Benton	\$11.60	\$7.32
Pike	\$11.27	\$7.19
Steuben	\$11.29	\$7.19
Randolph	\$11.24	\$7.17
Fayette	\$10.97	\$7.12
Rush	\$11.12	\$7.12
Union	\$10.92	\$7.12
Wayne	\$10.92	\$7.12
Montgomery	\$11.11	\$7.11
Noble	\$11.11	\$7.11
Dubois	\$10.94	\$7.10
Owen	\$11.09	\$7.10
Washington	\$10.89	\$7.10
Henry	\$11.06	\$7.09
Miami	\$11.06	\$7.09
Jefferson	\$11.06	\$7.07
Blackford	\$11.01	\$7.06
Jennings	\$10.98	\$7.05
Fulton	\$10.96	\$7.04
Daviess	\$10.83	\$7.03
Franklin	\$10.77	\$7.02
Sullivan	\$10.87	\$6.97
Knox	\$10.75	\$6.91
Cass	\$10.74	\$6.90
Carroll	\$10.69	\$6.88
Gibson	\$10.64	\$6.85
Newton	\$10.63	\$6.85
Grant	\$10.58	\$6.82
Lawrence	\$10.55	\$6.81
LaGrange	\$10.49	\$6.78
Spencer	\$10.47	\$6.77
White	\$10.43	\$6.75
Wabash	\$10.41	\$6.74
Jasper	\$10.40	\$6.73
Greene	\$10.36	\$6.71
Jay	\$10.29	\$6.68
Parke	\$10.29	\$6.68
Pulaski	\$10.22	\$6.64
Crawford	\$10.09	\$6.57
Switzerland	\$10.06	\$6.56
Orange	\$9.82	\$6.44
Starke	\$9.82	\$6.44
Fountain	\$9.68	\$6.37
Martin	\$9.61	\$6.34
Warren	\$9.41	\$6.24

Employment

Unemployment Rate and Employment Characteristics

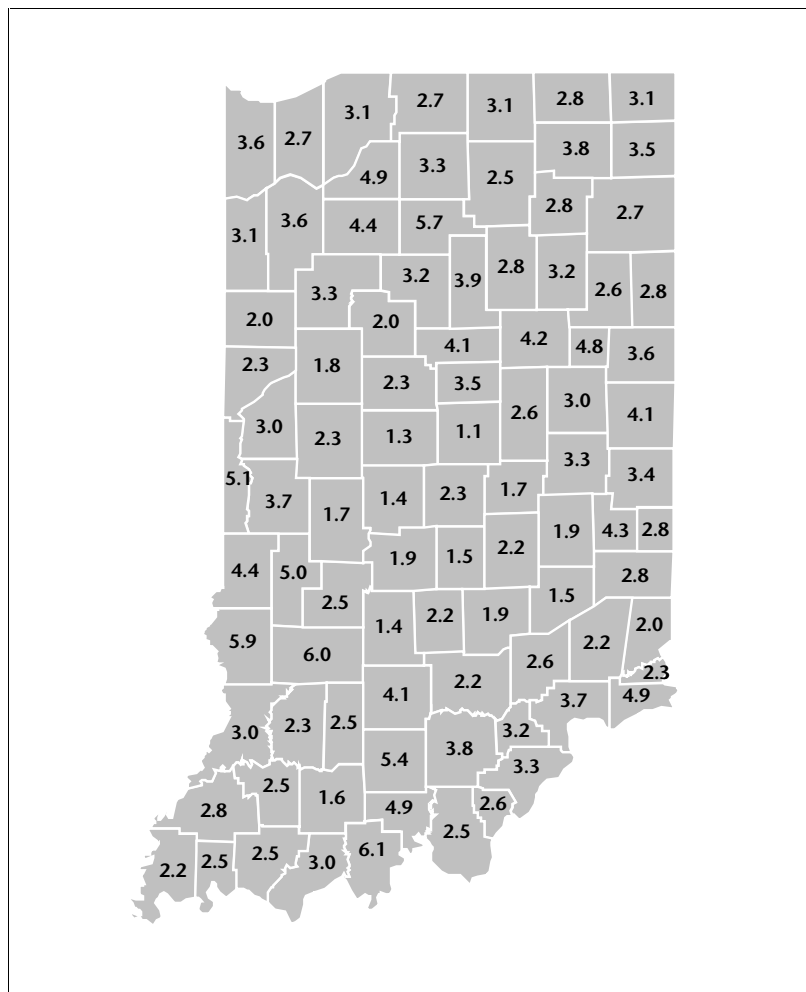
As of January 2001, the average unemployment rate in Indiana was 3.7 percent, compared with 3.4 percent in 2000. Unemployment rates have remained steady during 2000, ranging between a low of 2.1 percent in September and October 2000 and a high of 3.7 percent in July 2000.

County unemployment rates ranged from a low of 1.1 percent in Hamilton County to a high of 6.1 percent in Perry County as of December 2000. On average, non-MSA counties had unemployment rates that were 20 percent higher than MSA counties.

Exhibit II-8 shows the most recent monthly unemployment rates by county, as reported by the Department of Workforce Development.

Exhibit II-8. Unemployment Rates by County, December 2000

Source:
Indiana Department of Workforce
Development.



Employment

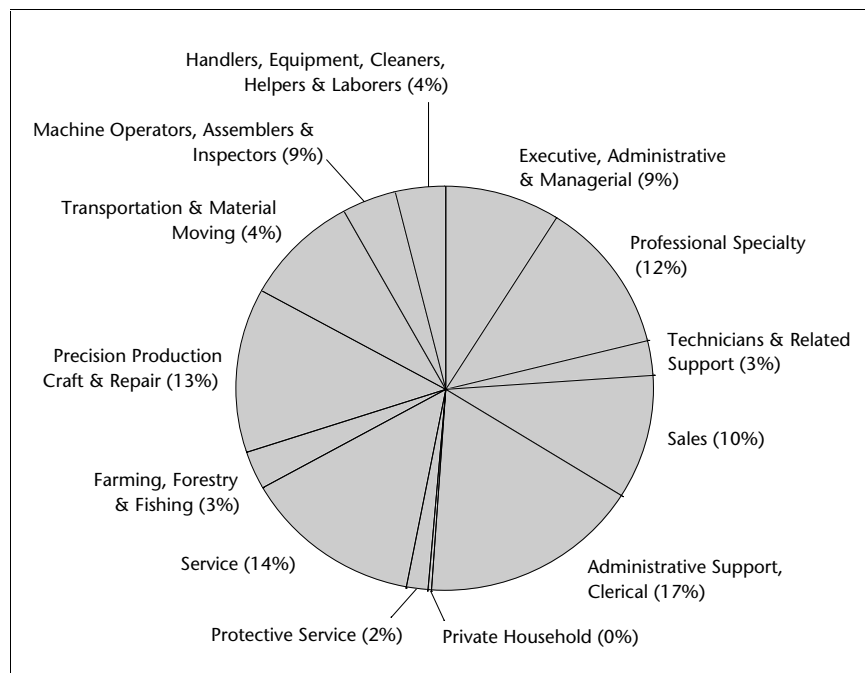
Manufacturing remains a major source of employment in Indiana. Indeed, Indiana had the highest proportion of manufacturing jobs and the lowest proportion of service jobs than any of its neighboring states in 1999. Estimates of the percentage of total employment that manufacturing represents vary, but are generally between 20 and 24 percent of the total employment. Recently released employment data from the U.S. Bureau of Labor Statistics shows that jobs in manufacturing in Indiana increased slightly between 1999 and 2000. However, the rapidly growing service sector has displaced the manufacturing sector as the state's leader in employment. It is estimated that the service sector (composed of a number of occupations, ranging from food service positions to technical support) currently makes up more than one-third of total employment in the state.

Exhibit II-9 shows the estimated distribution of occupations in the state for 2000.

**Exhibit II-9.
Labor Force
by Occupation,
State of Indiana,
2000 Estimates**

Source:
PCensus/Applied Geographic
Solutions.

***Clerical, support and
service occupations
constitute about 30
percent of the state's
occupations.***



Although the services industry holds an employment edge statewide, the state's 92 counties are evenly split between manufacturing and services in terms of the dominant employing industry. Counties in which manufacturing is the largest employer are located primarily in the northeast to north-central area of the state, along with a cluster of counties in the southern and southeast part of Indiana.

Though manufacturing remains the dominant employer in half of Indiana's 92 counties, it is the highest paying employer in 59 counties (about two-thirds of the state). These proportions illustrate the disparity in wages between the generally higher-paying manufacturing jobs and the typically

Employment

lower-paying service jobs. It should be noted that the fast-growing services sector is a tremendously diverse category, and occupations can range from high-paying health services professionals (doctors, nurses) to those employed in the social services and foodservices industries, who earn substantially lower wages. But, in general, wages in the service sector are lower than those in the manufacturing sector.

The fastest growing segment within the service industry in Indiana is that of business services, which grew 26 percent over the past decade. The business services sector is made up of eight categories, including:

- Advertising,
- Consumer Credit Reporting Agencies,
- Mailing, Reproduction, Commercial Art and Photography, and Stenographic Services,
- Services to Dwellings and Other Buildings,
- Miscellaneous Equipment Rental and Leasing,
- Personnel Supply Services (employment agencies and help supply agencies),
- Computer Programming, Data Processing and Computer-Related Services, and
- Miscellaneous Business Services.

In part, the job growth in business services reflects the shifting of jobs from other industry sectors into the business services category, rather than outright job creation.

Economic Forecast

Population Growth

Growth rates are expected to slow slightly during the early part of the decade. Population growth between 2000 and 2005 is projected to be .64 percent per year, for a total growth of 3.2 percent. Between 2005 and 2010, the growth rate is expected to decrease slightly to .60 percent per year, for total growth of 3.0 percent. By 2010, the state is projected to have 6.4 million people, or 300,000 more than in 2000.

During the next ten years, population growth in non-entitlement areas is also expected to slow, but remain ahead of the expected growth for the state. Population growth in non-MSA counties is expected to be similar to growth for the state. Total population in non-MSA counties is projected to increase about .60 percent per year, to reach 1.8 million persons by 2010. Given these trends, the percentage of the state's population residing in non-MSA counties is expected to continue to be at or around 30 percent.

The counties with the highest predicted growth during the next five years include Hamilton, Brown, Washington, Switzerland and Jennings – all with estimated growth rates greater than 9 percent. Almost 60 percent of the counties with predicted population growth that is higher than the state average are non-MSA counties; these counties are concentrated in the northeast and south central parts of the state. The counties that are expected to experience the largest population losses in the next five years include Miami, Blackford, Wabash, Knox and Monroe.

Population Characteristics

The median age in the state is expected to reach 36 in 2010, compared with 35 currently. During the next five to ten years, population growth is expected to be extremely strong for those over 60 years of age. Growth is also expected to be significant for population groups between 40 and 60 years old. Declines in population are expected to continue for the age cohorts between 20 and 35 years old.

Racial and ethnic diversity in the state is expected to increase very slightly during the next five to ten years. Minority populations are projected to make up 11 percent of the state's population by 2010, compared to 10 percent in 2000.

The percentage of households that consists of married couples (with and without children) is expected to stay about the same during the next five to ten years. Households made up of single males and females are projected to be the fastest growing household types. Female headed households are expected to continue to be the majority of single parent households.

Economic Forecast

Income

The median income in the state is expected to increase to \$46,245 by 2005 and \$53,013 by 2010, compared to about \$40,000 currently. These represent total increases of 16 and 33 percent, and average annual increases of between 3 and 3.5 percent (including an adjustment factor for inflation).

Between 2000 and 2005, the largest increase in percentage of households by income bracket is projected to occur in the highest income brackets. In 2005, households making more than \$75,000 annually will constitute 24 percent of total households in the state, compared with 17 percent currently – a 47 percent increase. The percentage of households earning less than \$20,000 is expected to decline to 19 percent of total households, compared with 24 percent currently.

The counties with the fastest projected income growth between 2000 and 2005 include Scott, Orange, Knox, Starke, Crawford, Switzerland and Washington. These counties all have estimated growth rates in excess of 20 percent, when adjusted for inflation. The slowest growth in median income is projected to occur mostly in MSA counties, including Porter, Hancock, Hendricks, Johnson, Warrick, Hamilton, Morgan, Allen, Howard, Dearborn and Lake. Income growth for these counties between 2000 and 2005 is expected to range from 9 to 14 percent. The slowest growing non-MSA county in terms of median household income is Bartholomew, whose median household income is expected to increase 14 percent between 2000 and 2005.

It should be noted that these projections were completed in mid-2000 and are based on historic economic growth. If an economic downturn occurs in 2001, actual income growth is unlikely to be nearly this optimistic.

Employment

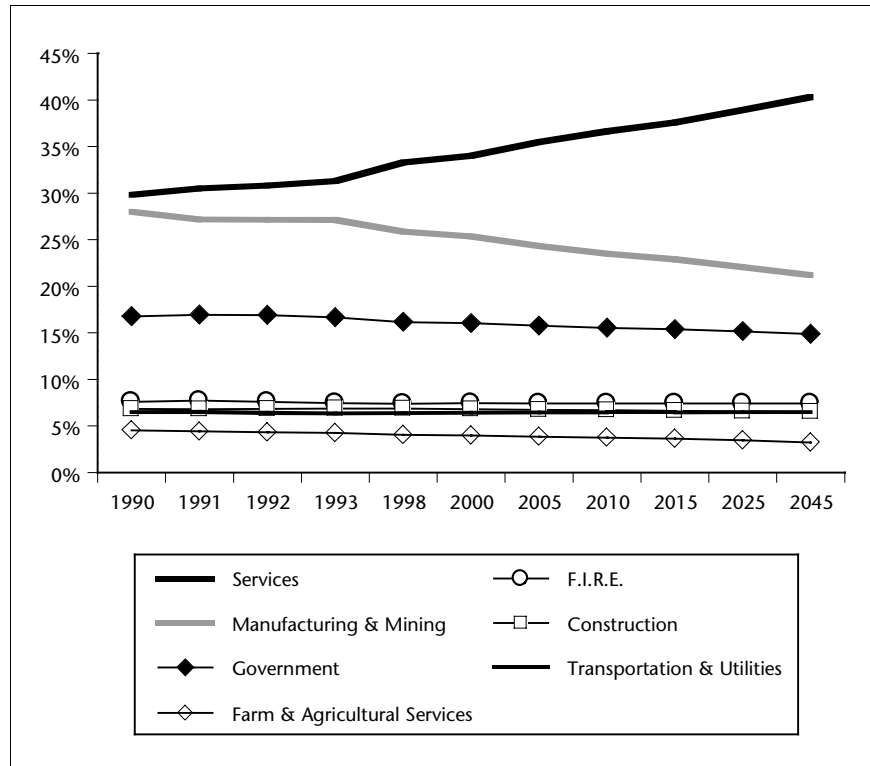
As Exhibit II-10 demonstrates, jobs in the service sector are expected to increase rapidly in coming years, while manufacturing employment is expected to decline. Employment in other sectors is expected to decrease slightly or remain flat.

Economic Forecast

**Exhibit II-10.
Percentage of
Employment by
Sector, State of
Indiana, 1990-2045**

Source:
U.S. Bureau of the Census,
Bureau of Labor Statistics.

*The share of jobs in
manufacturing will
continue to decline.*



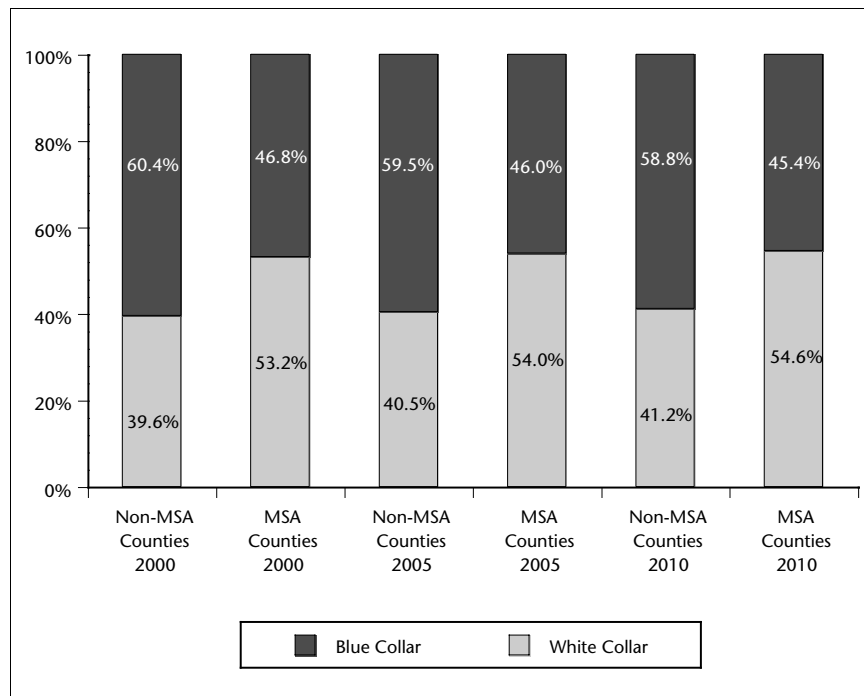
By occupation, the administrative and technical support area is expected to remain the largest occupational category through 2005 (representing about 18 percent of total labor force occupations). Service and professional specialty occupations are estimated to be the second largest category, representing 14 and 13 percent, respectively. Production and repair and operations and assembly are projected to make up 12 and nine percent of total occupations; sales are expected to make up 10 percent; and executive and managerial positions are expected to make up nine percent in 2010.

Economic Forecast

As Exhibit II-11 demonstrates, “white collar” occupations make up the majority of jobs in MSA counties, while “blue collar” occupations make up most of the jobs in non-MSA counties. Between 2000 and 2010, the balance between white and blue collar occupations is expected to shift slightly, with MSA counties gaining a higher proportion of blue collar jobs and non-MSA counties gaining white collar jobs. These projections likely reflect a diversification of jobs in non-MSA counties as households increasingly move into these areas and the increasing need for service oriented jobs in MSA counties. (Although there is not a standardized definition of “white” and “blue” collar occupations, the term white collar generally refers to professional and technical jobs and blue collar indicates service-oriented occupations).

Exhibit II-11.
White Collar
and Blue Collar
Job Estimates,
2000-2010

Source:
PCensus/Applied Geographic
Solutions.



Implications

Many of the implications of current and future economic conditions that were discussed in the Fiscal Year 2000 Consolidated Plan are expected to remain the same.

Future housing growth is expected to be strongest for aging baby boomers, the elderly, and young adults.

- Baby boomers are predicted to continue to invest in second, vacation, and retirement homes. The types of housing typically demanded by this group are lower density and located in outlying areas. Of course, a slowdown in the economy could dampen the demand for this type of housing.
- The growing elderly population is likely to seek multi-family or clustered homes with some affordability and some level of care. In general, the elderly have a preference to stay in their current communities and will seek housing in close proximity to their current residence.
- Young adults are expected to look for affordable rental housing and starter homes. Future affordability of the state's housing stock will be affected by the ability of income growth to keep pace with increasing housing costs.

Job growth will be concentrated in the lower paying service sector.

- Wages in the service sector are generally lower than in the manufacturing sector, which used to dominate the state's employment. An increase in service sector employment could contribute to a "dumbbell effect" in income distribution, where there exists a large amount of both low and high income households, and a small amount of middle income households.
- Non-MSA counties have a higher percentage of "blue collar" than "white collar" employment. Although growth in white collar occupations is expected, blue collar jobs are predicted to continue to dominate the employment base of non-MSAs.
- The expected decline in employment in the manufacturing sector will require communities formerly dependent on this area to seek strategies for economic diversification. Depending on the type of employers that a community is able to attract, this could lead to improved economies in many communities where growth has been stagnant in the past. In contrast, loss of manufacturing jobs in communities heavily dependent on the industry could produce a decline in economic well-being.

Introduction

This section discusses the state's housing and community development needs, as identified by citizens through surveys, public forums, and public comments. This section satisfies the requirements of Sections 91.305, 91.310, and 91.315 of the State Government's Consolidated Plan Regulations.

This section includes general information on housing market conditions and needs throughout the state. A more comprehensive market analysis for the state and a discussion of the challenges of housing special needs groups are found in the Housing Market Analysis and Special Needs sections of the report. Detailed housing market analyses by county are available in the Statewide Market Study that was commissioned by the Indiana Housing Finance Authority (IHFA) and conducted by Arthur Andersen, LLP in 1999 and 2000.¹

Background on Primary Data Sources

The qualitative housing and community development priorities were obtained from two sources: a key person survey and regional forums.

About 3,000 surveys were distributed to local government leaders, providers of housing, health, and other community services, members of housing and community coalitions, and other interested parties. A total of 347 surveys were received, representing 85 counties throughout the state. About 42 percent of the survey respondents represented local governments in the state, 13 percent were housing providers and developers, 7 percent were economic development professionals, 11 percent responded as citizens, and the remaining respondents represented other types of organizations (e.g., child care, emergency services providers, etc).

Six regional forums were held in cities throughout the state. In addition, for the purpose of updating the Analysis of Impediments to Fair Housing, six forums were planned for persons with disabilities. The forums were held the same day, two hours before the Consolidated Plan sessions. During these sessions, participants were encouraged to remain for the community wide sessions, and in many cases, the participants stayed.

¹ This study is available to the public on IHFA's website at www.indianahousing.org.

Regional Forum Findings

Forum Design and Attendance

The intent of the forums was to provide Indiana residents the opportunity to voice their opinions and provide insight into the issues prevalent in their communities. There were six regional forums held in six cities across Indiana. The six forums were regionally distributed with two each in the northern, southern and central portions of Indiana. The forums held for the FY2000 Consolidated Plan included an evening session. This was discontinued in FY2001 because of very low attendance in 2000.

Exhibit III-1. Citizens Gather for 2001 Regional Forums

Source:

Keys Group, Community Forums 2001.



A total of 129 citizens attended the forums. One hundred and eight (108) signed in as representatives of 89 different agencies; the remainder of twenty-one (21) attendees signed in as residents. This was an increase of 40% over last year's attendance. The break down of participants by site and participant type is provided below.

Exhibit III-2. Number of Forum Participants by Site and Type of Participant

Source:

Keys Group, Community Forums 2001.

Forum Site	Agency Reps	Agency	Residents	Total
Crawfordsville	16	13	0	16
Jeffersonville	18	16	12	30
Valparaiso	21	19	2	23
Washington	18	14	4	22
Columbus	15	15	3	18
Columbia City	20	12	0	20
Total	108	89	21	129

Regional Forum Findings

The forum format was redesigned this year in an attempt to enhance citizens' understanding of the programs and funding process. The emphasis of the effort was to provide more information about program regulations and agency-specific application and funding requirements. The redesign included formal presentations from the grantee agencies, including a description of the HUD programs, how to contact program representatives, and how to obtain technical assistance.

The forums also included an exercise in which citizens were asked to allocate paper money ("Indy-opoly") to the community needs that they had identified. It was hoped that this exercise would better educate citizens about the use of the HUD grants, and, through the constraints imposed on the amount of funding available, give the committee input in the prioritization of needs.

Exhibit III-3. "Indy-opoly" at Work

Source:
Keys Group, Community Forums 2001.



The forum process was intended to bring citizens together with the intent of consensus building on issues of concern to their community. Forum participants were asked to divide into groups of no more than six and to compile a list of top issues. These lists were then used to allocate dollars to program initiatives for HUD-funded programs (CDBG, HOME, HOPWA and ESG).

In general, most attendees participated in the exercises without concern and few questions. However, there were a few concerns raised about time constraints and the difficulty of prioritizing and allocating funds given the information provided. A few participants voiced these concerns as they engaged in the group processes. These concerns were addressed by informing the groups that allocation of dollars simply represented priority-setting, and to consider their funding levels like a list

Regional Forum Findings

of priorities where the more money the group appropriated to a program the higher the priority. This explanation appeared to satisfy those concerned and the forums continued with group members finishing the exercise and group leaders presenting issues and allocations delineated.

Exhibit III-4. Rankings of Community Needs, 2001

Source:

Keys Group, Community Forums 2001.

Shelters for the Homeless/Emergency	Medical Assistance for the Poor
Transitional Housing	Planning Dollars
Infrastructure	Supportive Services
Rehabilitation of Existing Housing	Senior Housing
Child and Senior Day Care	Accessible Housing
More Housing for Low Income	Job Training
Transportation	Senior Prescription Relief
Affordable Rental Housing	Technical Assistance
Economic Development	Tenant Based Rental Assistance

Housing/Supportive Services. Forum participants related that housing was the most prevalent issue facing their communities. The high rating of these issues could be due to the make-up of forum participants. As noted above, housing providers and advocates were among the largest groups of people in attendance. Of the housing issues raised, shelters for the homeless and emergency accommodations were the number one concern of participants. Issues involving services and housing for those “desperately in need” also ranked in the top three feedback responses throughout the six housing forums. Senior and disabled accessible housing, along with affordable rentals units, were also consistently listed in the top ten responses.

New to the top of the issues list was rehabilitation of existing housing. At four of the six forums, groups ranked rehabilitation of existing units as one of the top issues. Also important to participants was the issue of rental based tenant assistance. Participants maintained that it is becoming harder and harder to afford rents and more assistance is needed.

A host of issues related to supportive services were also raised. Participants expressed the need for financial assistance for those struggling to survive, particularly with increased costs of utilities, prescriptions and housing. Forum participants contend that more assistance for those in need is an important part of a sustained quality of life for Indiana’s poor and should be included in the top community concerns.

Regional Forum Findings

Transportation. Participants were informed that transportation programs are not eligible for direct funding through the four HUD programs; however, participants included this issue as a top concern in an effort to express its significance, especially as related to their quality of their life. In addition, those who are or work with low income and/or disabled residents believe that the inability of these populations to get to work or services from their residences is one of the most challenging aspects facing these populations.

Infrastructure. Infrastructure was another top issue facing Indiana's smaller cities and towns. Repair and maintenance of public infrastructure has been an issue mentioned at past forums, but not to the same degree as housing concerns. This year infrastructure including water, sewer, roads and systems needed for new construction were of importance to those attending the forums.

Economic Development/Job Training. Economic development has been a top issue for the last five years. It remains a central theme because of its impact on the working poor and those in need of housing. Forum participants remarked that without economic development opportunities there is little hope that housing and other factors that affect the poor will improve. Thus, economic development and job training and retraining of the workforce continues to top the list of community concerns.

Daycare. Child and senior day care and assistance for the elderly and the very poor were other concerns that were at the top of the list of issues raised at the forums. More day care opportunities, for seniors in particular, was a theme at four of the six forums. In addition, prescription, medical and supportive services were discussed and found to be important at five of the forums.

Other. Finally, planning has often been discussed at the forums as an important factor in growth, maintenance and stability of small cities and towns. Group members felt that planning dollars are needed for small cities/towns to prosper, compared to other years, where planning was mentioned as support for other concerns and not as a top program priority. Participants also believe along with planning that technical assistance to non-profits is needed.

Program Top Priorities

As part of the forum exercises, participants were asked to allocate HUD grant dollars (CDBG, HOME, HOPWA and ESG) to programs and needs. The following table shows top priorities for each program allocation.

Regional Forum Findings

Exhibit III-5.
Top Priorities by Program, 2001

CDBG	HOME	ESG	HOPWA
Fewer dollars to Community Focus Fund and more dollars for housing	Rental assistance	More emergency shelters	Health care concerns
Infrastructure	Housing from shelter to homeownership	More administrative money	Dollars for substance abuse
More money for economic development training	Multi family housing	New shelters	Supportive services
Transitional housing/ housing for the Disabled	Homeownership	Case management	Tenant based rental assistance
Housing programs from shelter to homeownership	Rental rehab	Short term emergency housing	Housing development and new construction

Source: Keys Group, Community Forums 2001.

The top priorities by forum and citizen working group are attached at the end of this section.

Regional Forum Findings

Summary of Top Issues

The table below summarizes the top community issues identified by forum participants in 2001.

Exhibit III-6.
Summary of Top Issues

Housing Rental	Transportation
Transportation	Senior Housing
Day Care/Child and Senior – 24 hours	Transitional Housing
Economic Development/Jobs with Benefits	Affordable Housing Home Ownership
Economic Development/Livable Wage	Housing for Persons with Disabilities
Health Care	Child and Adult Day Care
Housing/Homeless/Transitional	Medicaid and Prescription Assistance
Educational Trends	Youth and Senior Centers
Housing/Homeless/Shelters	Economic Development/Jobs
Housing Migrant Workers	Job Training
Housing/Slum Landlords	Rehabilitation of Existing Housing
Housing Ownership Assistance	Medical Assistance for the Poor
Infrastructure/Housing	Technical Assistance and Planning Dollars
Infrastructure/Roads/Water/Sewer	More Housing for Low Income
Social Service/Communication	Rental Based Assistance
Social Service/Drug Education and Treatment	Supportive Services
Shelters for the Homeless/Emergency	

Source: Keys Group, Community Forums 2001.

Community Survey

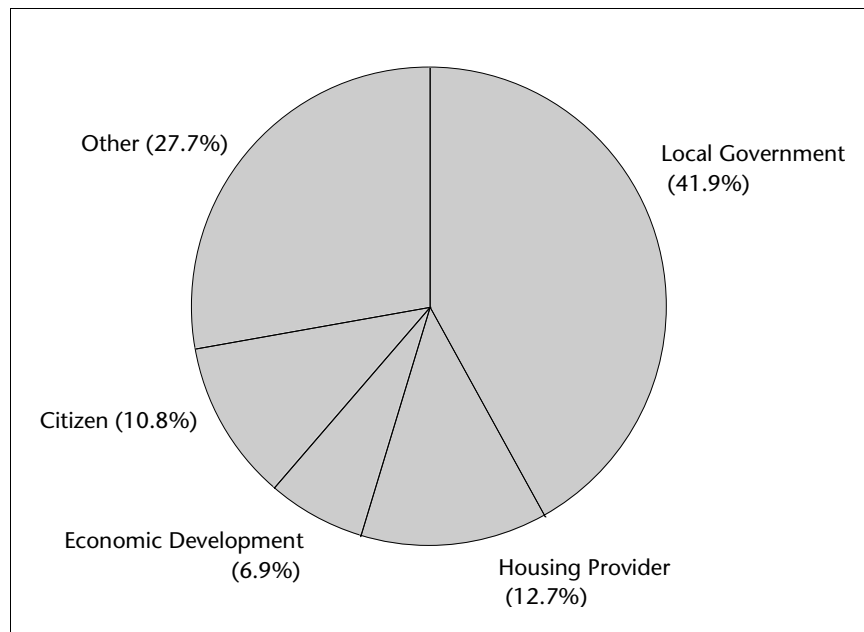
In January 2001, 3,000 surveys were distributed to local government officials, community leaders, housing providers, economic development professionals, social service organizations, and others. The survey asked respondents a number of questions about housing and community development needs, including fair housing accessibility, in their communities. (A copy of the survey is located in Appendix C). A total of 347 surveys were returned, for a response rate of 12 percent. This response rate is very strong for a survey that was as detailed and widely distributed as the 2001 survey.

Demographics of Survey Respondents

Surveys were received from 85 of the 92 counties in Indiana, which was excellent coverage, especially given the comprehensiveness of the survey. Exhibit III-7 shows the distribution of the various types of organizations from which surveys were received. Many respondents chose to classify their organization as “Other” because of their specific organizational mission (e.g., advocacy, education and outreach, a focus on special needs groups, etc).

**Exhibit III-7.
Distribution of
Respondents
by Type of
Organization**

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.



As mentioned above, surveys were received from 85 counties. The counties with the greatest number of responses were Marion, Lake, St. Joseph, Floyd, Kosciusko, and Tippecanoe. Together, these counties made up about 25 percent of the responses for which the county was given.

The following sections discuss the survey responses by topic area, including housing inventory and quality, housing affordability, special needs housing, fair housing, and community development.

Community Survey

Housing Inventory & Quality

Exhibit III-8 shows the percentage of respondents agreeing or disagreeing to the following questions about the quality and type of housing in their communities.

Exhibit III-8. Housing Inventory and Quality

Inventory	Agree	Disagree
There is enough housing in this community to meet the demand	16%	68%
The housing stock in this community is in good condition	23%	49%
Many dwelling units in this community are overcrowded	31%	37%
Quality	Good to Very Good	Poor to Very Poor
Quality of single family housing stock in your community	26%	29%
Quality of multi family housing stock in your community	20%	36%

Source: Community Survey, Indiana Consolidated Plan Update 2001.

The results indicate that the majority of communities do not have adequate housing to meet the demand. The condition of housing stock — especially rental units — is a concern in many communities.

Housing Affordability

Almost three-fourths of survey respondents disagreed with the statement “There is enough affordable housing in this community.” Just 14 percent of respondents felt that there is adequate affordable housing in their communities. The majority of respondents in the counties of Adams, Clark, Decatur, Dubois, Floyd, Vermillion and Wells agreed with the above statement.

Despite their concern about the condition of housing in their communities, most respondents felt that homeowners in their communities could afford to make minor housing repairs (39 percent of respondents agreed with this; 29 percent disagreed). In contrast, 54 percent of respondents disagreed with the statement “Renters in this community can generally afford to make needed repairs.” Thus, respondents’ concerns about housing condition are mostly related to rental properties.

The survey also asked respondents to estimate the average rents for various apartment sizes in their communities and the average price for a single family “starter” home. Exhibit III-9 shows the low and high ends of the ranges given by respondents.

Community Survey

**Exhibit III-9.
Average Low and High
Estimates of Rents and
Single Family Home
Prices, All Respondents**

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

Category	Low	High
Studio/Efficiency	\$269	\$375
1 Bedroom	\$316	\$439
2 Bedroom	\$388	\$560
3 Bedroom	\$480	\$693
4+ Bedroom	\$597	\$844
Starter Home	\$51,583	\$73,917

Exhibits III-10 and III-11 show the estimated one bedroom rents and average “starter” single family home prices by county.

Community Survey

Exhibit III-10.

Estimated Low and High One Bedroom Rents, by County, January 2001

County	Low	High	County	Low	High
Adams	\$300	\$400	LaGrange	\$200	\$300
Bartholomew	\$400	\$400	Lake	\$250	\$650
Brown	\$400	\$400	Lawrence	\$250	\$350
Cass	\$350	\$400	Madison	\$350	\$500
Clark	\$410	\$500	Marion	\$300	\$1,200
Clay	\$400	\$550	Marshall	\$375	\$500
Crawford	\$385	\$490	Miami	\$350	\$350
Daviess	\$200	\$350	Monroe	\$300	\$700
Dearborn	\$350	\$600	Montgomery	\$200	\$440
DeKalb	\$200	\$400	Morgan	\$400	\$500
Delaware	\$325	\$575	Newton	\$300	\$450
Dubois	\$250	\$325	Ohio	\$450	\$450
Elkhart	\$375	\$500	Orange	\$200	\$250
Fountain	\$300	\$300	Parke	\$300	\$500
Franklin	\$300	\$300	Perry	\$300	\$350
Fulton	\$200	\$200	Porter	\$350	\$600
Gibson	\$220	\$275	Posey	\$350	\$350
Grant	\$300	\$400	Pulaski	\$200	\$225
Greene	\$250	\$250	Putnam	\$300	\$375
Hamilton	\$450	\$600	Randolph	\$275	\$300
Hancock	\$400	\$800	Ripley	\$400	\$400
Harrison	\$300	\$300	Scott	\$400	\$475
Hendricks	\$375	\$450	Shelby	\$375	\$500
Henry	\$400	\$400	St. Joseph	\$250	\$500
Howard	\$350	\$350	Starke	\$350	\$400
Huntington	\$400	\$400	Tippecanoe	\$325	\$700
Jackson	\$350	\$425	Vanderburgh	\$250	\$425
Jay	\$200	\$300	Vigo	\$325	\$325
Jefferson	\$300	\$450	Wabash	\$350	\$350
Jennings	\$500	\$600	Washington	\$300	\$400
Johnson	\$450	\$550	Wayne	\$300	\$500
Knox	\$225	\$300	Wells	\$350	\$400
Kosciusko	\$350	\$450	White	\$250	\$350
La Porte	\$150	\$400	Whitley	\$175	\$425

Source: Community Survey, Indiana Consolidated Plan Update 2001.

Community Survey

Exhibit III-11.

Estimated Low and High "Starter" Single Family Home Prices, by County, January 2001

County	Low	High	County	Low	High
Adams	\$30,000	\$90,000	La Porte	\$50,000	\$80,000
Allen	\$25,000	\$40,000	LaGrange	\$65,000	\$65,000
Bartholomew	\$40,000	\$90,000	Lake	\$35,000	\$100,000
Benton	\$50,000	\$60,000	Lawrence	\$35,000	\$55,000
Blackford	\$50,000	\$50,000	Madison	\$30,000	\$87,000
Carroll	\$60,000	\$80,000	Marion	\$35,000	\$120,000
Cass	\$50,000	\$100,000	Marshall	\$80,000	\$85,000
Clark	\$75,000	\$90,000	Martin	\$50,000	\$50,000
Clay	\$25,000	\$70,000	Miami	\$45,000	\$45,000
Crawford	\$30,000	\$80,000	Monroe	\$75,000	\$100,000
Daviess	\$40,000	\$75,000	Montgomery	\$35,000	\$75,000
Dearborn	\$77,000	\$100,000	Morgan	\$50,000	\$80,000
Decatur	\$20,000	\$20,000	Newton	\$70,000	\$70,000
DeKalb	\$45,000	\$45,000	Ohio	\$102,500	\$102,500
Delaware	\$42,000	\$69,000	Orange	\$70,000	\$70,000
Dubois	\$45,000	\$110,000	Parke	\$35,000	\$80,000
Elkhart	\$45,000	\$105,000	Perry	\$55,000	\$55,000
Fayette	\$65,000	\$65,000	Porter	\$90,000	\$125,000
Floyd	\$60,000	\$60,000	Posey	\$25,000	\$70,000
Fountain	\$25,000	\$25,000	Pulaski	\$35,000	\$50,000
Franklin	\$70,000	\$70,000	Putnam	\$70,000	\$100,000
Fulton	\$35,000	\$35,000	Randolph	\$30,000	\$35,000
Gibson	\$35,000	\$90,000	Ripley	\$35,000	\$35,000
Grant	\$35,000	\$55,000	Scott	\$40,000	\$80,000
Greene	\$45,000	\$60,000	Shelby	\$65,000	\$80,000
Hamilton	\$100,000	\$125,000	Spencer	\$40,000	\$80,000
Hancock	\$80,000	\$90,000	St. Joseph	\$35,000	\$125,000
Harrison	\$60,000	\$90,000	Starke	\$70,000	\$70,000
Hendricks	\$95,000	\$110,000	Sullivan	\$40,000	\$40,000
Henry	\$60,000	\$60,000	Tippecanoe	\$50,000	\$100,000
Howard	\$50,000	\$60,000	Vanderburgh	\$40,000	\$50,000
Huntington	\$50,000	\$50,000	Vigo	\$30,000	\$30,000
Jackson	\$60,000	\$80,000	Wabash	\$45,000	\$80,000
Jay	\$35,000	\$85,000	Warrick	\$80,000	\$80,000
Jefferson	\$60,000	\$70,000	Washington	\$40,000	\$40,000
Jennings	\$75,000	\$75,000	Wayne	\$50,000	\$80,000
Johnson	\$100,000	\$100,000	Wells	\$87,000	\$87,000
Knox	\$25,000	\$70,000	White	\$45,000	\$45,000
Kosciusko	\$45,000	\$90,000	Whitley	\$50,000	\$75,000

Source: Community Survey, Indiana Consolidated Plan Update 2001.

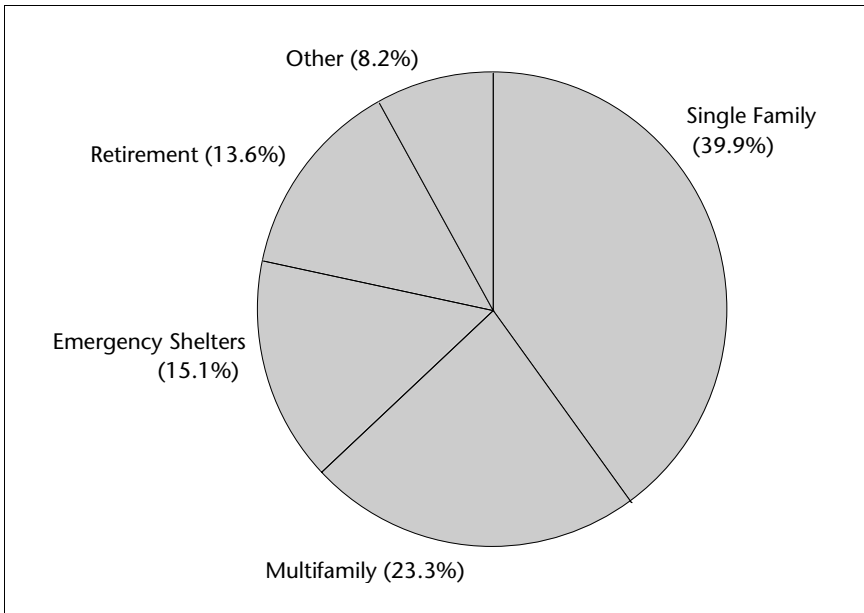
Community Survey

It is important to keep in mind that affordability is affected by a number of factors, notably supply. Respondents from Marion County, for example, list some of the highest average single family home prices and one bedroom rents. But, the county also has one of the more modest one-bedroom rent lows. Because of its relative size and diversity of housing stock, residents of Marion County may have an easier time finding housing that meets their needs than residents of smaller and less diverse counties. Other factors that can significantly affect affordability are wage levels and employment opportunities. Smaller counties may appear more affordable because of their relative low rents and single family home prices, but in reality these communities can be the least affordable due to low wages and high unemployment. Section IV contains a housing market analysis that gives more attention to these affordability factors.

The survey asked respondents what types of housing are most needed in their communities. Exhibit III-12 shows the responses overall and Exhibit III-13 lists housing types needed by county.

Exhibit III-12.
Housing Types
Most Needed in
Respondents'
Communities

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.



Community Survey

Exhibit III-13. Housing Types Most Needed, by County

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

County	Multi Family	Single Family	Retirement	Emergency Shelters	Other
Adams		■		■	
Allen		■			
Bartholomew	■	■	■	■	■
Benton			■		
Blackford		■			
Brown		■	■		
Carroll	■	■			
Cass	■	■		■	
Clark	■	■	■	■	
Clay	■	■	■	■	
Crawford		■			
Daviess		■	■	■	
Dearborn	■	■		■	
Decatur		■			
DeKalb	■	■		■	
Delaware		■	■		
Dubois	■	■	■		
Elkhart	■	■	■		
Fayette				■	
Floyd					
Fountain	■	■			■
Franklin		■			
Fulton		■	■		
Gibson	■	■	■		
Grant	■	■	■	■	■
Greene	■	■	■		
Hamilton	■	■	■	■	■
Hancock	■	■		■	
Harrison		■			
Hendricks	■	■	■	■	■
Henry		■			
Howard	■		■	■	
Huntington		■			
Jackson	■	■	■	■	■
Jay		■	■		
Jefferson	■	■	■	■	
Jennings	■	■			
Johnson	■	■			■
Knox	■	■	■		
Kosciusko	■	■	■	■	■
La Porte	■	■	■	■	
LaGrange		■			
Lake	■	■	■	■	■
Lawrence	■	■		■	

Community Survey

Exhibit III-13. (cont) Housing Types Most Needed, by County

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

County	Multi Family	Single Family	Retirement	Emergency Shelters	Other
Madison	■	■	■		
Marion	■	■	■	■	■
Marshall	■	■	■		
Martin	■	■			
Miami		■			
Monroe	■	■	■		■
Montgomery	■	■	■	■	
Morgan		■		■	
Newton		■			■
Noble	■				
Ohio	■	■			
Orange		■			
Owen					■
Parke	■	■	■	■	■
Perry	■	■			
Porter	■	■	■	■	
Posey		■	■	■	■
Pulaski	■		■	■	
Putnam		■	■		■
Randolph					■
Ripley	■				
Rush		■			
Scott		■		■	
Shelby	■	■		■	
Spencer		■			
St. Joseph	■	■	■	■	■
Starke	■	■	■		
Sullivan	■			■	
Tippecanoe	■	■		■	
Vanderburgh	■	■			
Vermillion			■		
Vigo	■				
Wabash		■			
Warrick	■	■			
Washington	■		■		
Wayne		■			
Wells		■			
White	■				
Whitley		■	■	■	■

Community Survey

Special Needs Housing

Respondents were asked about the needs of housing in their communities for populations with special needs, including the homeless, individuals with physical and developmental disabilities, individuals with mental illnesses, the elderly, individuals living with HIV/AIDS, and seasonal farm workers. Exhibit III-14 shows the percentage of respondents agreeing and disagreeing that the housing needs of these groups are being met in their communities.

Exhibit III-14. Housing Needs of Special Needs Groups

Category	Agree	Disagree
The housing and related needs of people who are homeless are adequately served	22%	54%
The housing and related needs of people with physical disabilities are adequately served	18%	50%
The housing and related needs of people with development disabilities are adequately served	21%	47%
The housing and related needs of people with severe and persistent mental illnesses are adequately served	16%	53%
The housing and related needs of the elderly are adequately served	31%	43%
The housing and related needs of people with HIV/AIDS are adequately served	8%	39%
The housing and related needs of seasonal farm workers are adequately served	12%	35%

Source: Community Survey, Indiana Consolidated Plan Update 2001.

The respondents disagreed the most with the statements that the housing needs of the homeless, mentally ill, and physically and developmentally disabled were being met. Respondents were in the most agreement that the housing needs of the elderly were being met.

Respondents were also asked how the needs of special populations could be better met. Exhibit III-15 lists these responses.

The survey asked respondents to list the supportive services in their communities that are currently available to special needs populations. Exhibit III-16 shows the available services by county.

Community Survey

Exhibit III-15. Responses Regarding How Special Needs Services Can Be Better Met

Additional subsidized housing and support services.
Affordable housing- assigning case managers to work closely with these populations.
Affordable housing is limited and needs to be expanded.
Affordable housing is not available to those with fixed incomes. More money to subsidize their rent/homeownership may help.
Allow IHFA to provide funding for remodeling of existing dwellings to provide accessibility.
Assistance with accessibilities for disabled, increased transportation to work and services.
Assisted living for elderly where government pays 1/2 of rent.
Availability of multifamily housing care facility for special illnesses.
Better counseling/ referral for housing seeker/ better outreach/ recruitment of housing owners.
Build on rehab more.
Build retirement housing, both to rent and own.
Churches should run these facilities with support from the federal government.
Columbus has emergency shelter for families, but often there is a waiting list; Columbus has no shelter for single homeless;
have to be temporarily placed in motel.
Develop a program to encourage developers to meet these needs, provide increased HUD support for these groups in the form of more vouchers and increased money to meet individual needs.
Develop housing for those of the same social needs and make some units accessible for the disabled in this "needs group." Mixing is a mess.
Develop more group homes or group home apartments with some staff support and medical followup.
Development of affordable rentals. Funds made available for building/operating transitional housing, group homes, etc.
Development of apartments for groups; more duplexes that meet these challenges.
Education of landlords and contractors.
Elderly need more affordable multi-person units, mentally ill persons need more supervised settings.
Emergency shelter needs more room; need to have transitional housing.
Encourage developers, NFPs, and/or service providers to become active developers/providers.
Farmowners need to provide better housing to help them find housing.
For developmentally disabled, need 3 and 4 bedroom rental because group 3 or 4 together under supportive living.
Funding for group homes, cluster apartments, etc. for adults with mental illnesses.
Funding for mental health services, funding for rental assistance, funding for multi family home ownership assistance.
Group homes for mentally ill.
Help in updating and relocation in new homes.
Homeless shelters, transitional housing, then affordable housing.
Housing and related for older teens (16+) unavailable, housing and related for HIV/AIDS.
Housing for seniors.
If it would cost too much for temporary housing each evening, maybe do something to upgrade wherever they are staying overnight.
Improve low income housing rather than sell it to developers to convert to expensive condos.
In properly zoned areas, help owners convert to multifamily dwellings, especially historic buildings.
Control rent and number of occupants in exchange for grant money.
Increase available housing stock to meet the need at a price that makes it reasonable and affordable.
Landlords/developers need better understanding of fair housing act amendments.
Lower rates for loans, small down payments.
Many severely mentally ill are homeless. Why can't the state mental health institutions help those people?
Mental ward at a local hospital.
More co-housing opportunities with services providers.
More disability accessible housing needed.
More handicap accessible public buildings.
More handicapped apartments that are modestly priced or handicap homes that are modestly priced.
More housing and referral information.
More housing built for migrant workers.

Community Survey

Exhibit III-15. (continued)

Responses Regarding How Special Needs Services Can Be Better Met

More HUD money for group homes.
More opportunity is needed for education about credit, easy-to-understand ways to pay rent/mortgage, better communication of available housing.
More permanent affordable housing for all categories of affordable - 50% of AMI or less.
More privately operated family shelters, group homes and mental health care facilities.
More Section 8.
Multifamily facilities, transportation.
Need a "halfway house" shelter for those who do not qualify for residence at current homeless shelter due to drug/drinking addiction, prison term, etc.
Need more funding for special needs transitional housing with supportive services.
Need more housing that is affordable and clean.
New housing coops, new home buyer instruction, repair assistance especially for seniors.
No property or income taxes for people at or below the poverty level.
No specific program is in place for HIV/AIDS persons; community needs to identify number of persons needing to be served and provide needed services.
Nothing exists for mentally ill or HIV; for the other areas, more needs to be available.
Offer more units at low/moderate income rents.
Offer special housing units for special needs; also, funding available for housing for beginning families and repairs to homes.
Our needs are currently met on a county wide basis; our small town has little to no means of meeting these needs locally.
We are trying to provide placement services for prisoners in need of housing; there are many.
Programs for low income elderly to help with minor homeowner repairs, assistance with low income renter.
More public housing.
Quality, affordable, universal design rentals and 2 bedroom homes, transportation and individualized supports.
Rehab existing or eliminate existing substandard/vacant properties and reuse.
Rent subsidy; supportive housing with on-site social services.
Rental housing standards; more affordable housing; more case management of mentally ill.
Seasonal workers needs hard to meet if illegal and still farmers need them.
Small group homes.
SROs and supportive housing.
Subsidies that will bring rents or purchase price down to an affordable level.
Subsidize assisted living, pay operational expenses.
Subsidized or affordable housing in conjunction with supportive services such as home care.
Supportive service for people with disabilities; more affordable housing for homeless; less emphasis on shelters, more transitional and permanent housing.
Supportive services, assisted living options for low-income.
Tax rates more favorable to developers.
There's been a push lately in our community for additional homes for the elderly; there is no housing in the community that I know of specifically for HIV/AIDS and/or mentally ill persons.
We are building a homeless shelter and in the future we need money to build transitional housing.
We are in need of a homeless shelter; there is nothing in Northern Kosciusko County to meet this need!
We have no emergency shelter, no transitional housing; the special needs housing we have has expansive waiting lists.
We need a homeless shelter/domestic violence shelter, temporary housing or transitional housing.

Source: Community Survey, Indiana Consolidated Plan Update 2001.

Community Survey

Exhibit III-16.
Special Needs Services Available, by County

County	Transportation	Meals	Case Management	Job Training	Health Care	Home Repair Assistance	Child/Adult Day Care	Substance Abuse Treatment	Other
Adams		■	■	■					■
Allen		■	■	■		■	■		■
Bartholomew		■	■	■					
Benton		■	■					■	■
Blackford				■					■
Brown		■	■	■		■	■	■	■
Carroll		■	■	■					■
Cass		■	■	■					■
Clark		■	■	■		■			
Clay									■
Crawford		■	■	■			■	■	■
Daviess		■	■	■					■
Dearborn		■	■	■					■
Decatur	■	■							■
DeKalb		■	■			■		■	■
Delaware		■	■	■					■
Dubois		■	■	■					■
Elkhart		■	■	■	■		■		
Fayette		■	■	■	■	■	■		■
Floyd		■	■			■			■
Fountain		■	■	■					
Franklin	■				■	■	■	■	■
Fulton		■	■	■					■
Gibson		■	■	■					
Grant		■	■	■		■			■
Greene		■	■	■		■		■	■
Hamilton		■	■	■		■	■	■	■
Hancock		■	■	■					■
Harrison		■	■	■	■				■
Hendricks		■	■		■	■	■	■	■
Henry		■				■		■	■
Howard	■	■	■	■		■	■		■
Huntington						■		■	■
Jackson	■	■	■	■			■	■	■
Jay		■				■	■		■
Jefferson		■	■	■					■
Jennings		■	■	■					■
Johnson		■	■			■	■		■
Knox		■	■	■					■
Kosciusko		■	■	■					■
La Porte		■	■	■		■			■
LaGrange		■	■	■		■	■		■
Lake		■	■	■					■
Lawrence		■	■	■				■	■

Community Survey

Exhibit III-16. (continued)
Special Needs Services Available, by County

County	Transportation	Meals	Case Management	Job Training	Health Care	Home Repair Assistance	Child/Adult Day Care	Substance Abuse Treatment	Other
Madison		■	■	■					■
Marion		■	■	■					■
Marshall		■	■	■					■
Martin	■		■	■	■	■	■	■	■
Miami		■	■	■	■	■		■	■
Monroe		■	■	■					■
Montgomery		■	■	■		■			■
Morgan		■			■	■	■	■	■
Newton		■		■				■	■
Noble		■	■		■	■	■		■
Ohio		■	■			■	■	■	■
Orange		■				■	■	■	■
Owen		■	■	■		■			■
Parke		■	■	■					■
Perry		■	■	■					■
Porter		■	■	■					■
Posey		■		■		■			■
Pulaski		■	■	■		■			■
Putnam		■	■			■			■
Randolph		■	■	■		■	■		■
Ripley		■	■	■		■	■		■
Rush		■	■			■		■	■
Scott		■	■	■		■			■
Shelby		■	■	■		■			■
Spencer		■	■						
St. Joseph		■	■	■					■
Starke		■	■	■					■
Sullivan		■	■	■		■			■
Tippecanoe		■	■	■					■
Vanderburgh		■		■					■
Vermillion	■				■	■	■	■	■
Vigo	■	■			■			■	■
Wabash		■		■					■
Warrick		■	■	■					■
Washington	■					■		■	■
Wayne		■	■	■		■			■
Wells	■	■	■	■		■			■
White		■	■	■		■		■	■
Whitley		■	■	■					■

Source: Community Survey, Indiana Consolidated Plan Update 2001.

Community Survey

In general, meals, case management and job training are the supportive services most widely available to special needs populations. The supportive services that are less likely to be available to special needs groups include transportation, health care, home repair assistance, child and adult day care, and substance abuse treatment.

The survey also asked respondents if the special needs groups in their communities were aware of the services available to them. Forty-two percent of respondents said “Yes;” 57 percent replied “No.” Eighty percent of respondents said that a resource guide that lists the services available is needed. The type of service guide most favored was a paper handbook, followed by a help phone line, and finally, an Internet based guide and search tool.

Finally, respondents were asked to list the supportive services that were in demand in their communities, but not available. Exhibit III-17 lists the respondents’ comments.

Community Survey

Exhibit III-17. Special Needs Services Needed but Unavailable

A library
A true study is needed to determine transportation problems
Adult day care (17 responses)
Affordable transportation (2 responses)
All services are available but either somewhat unknown or limited resources
Assisted living (2 responses)
Better transportation
Case management (4 responses)
Child care (12 responses)
Dental Care
Detox - specifically medical detox
Doctors taking medicaid patients, counseling/psychiatric, outpatient services for low income, substance abuse treatment
Drug recovery group homes, emergency drop in shelters
Halfway house for substance abusers, emergency shelters
Health care (8 responses)
Home repair (16 responses)
Homeless shelter (4 responses)
Household management, budgeting
Housing Authority to help with rent, rehab programs
Housing modification services for disabilities in county area
Housing options for mentally ill or emotionally handicapped
Job training (6 responses)
Low cost counseling
Low income housing
Low income rental assistance for younger people
Meals at door - reasonable price
Mental health, drop in center, medical, hospital, diabetic concern, VA Hospital improvement
Mentoring - Big Brother/Big Sister
More affordable transportation, home repair assistance, child/adult day care
More fuel assistance
More transportation, individualized supports, employment- not sheltered workshops, housing- not congregate universal design
Need money for Hispanic community
Need more homeless services (emergency housing)
Need public transportation and increased availability of job training
Need public transportation, no taxi service
One case manager that would cover all programs (not several - need integration). Day treatment and accessible, affordable child care
Organized/broad based home repair/assistance
Planned Parenthood
Primary health care, county-wide transportation
Recreation facilities (2 responses)
Rent and assistance
Respite care for adolescents, supervised visitation for court-ordered cases
Rural transportation
Services for homeless
Shelter for women and children, more foster parents
Sheltered group home has just been decertified and 7 of 12 of these special needs adults now have nowhere to live
Shelters, short term housing
Spanish case management services
Substance abuse for indigent
Substance abuse treatment, homeless shelter for women
There are not enough home and community based supports
Training
Transitional housing (5 responses)
Transportation (26 responses)

Source: Community Survey, Indiana Consolidated Plan Update 2001.

Community Survey

Fair Housing

A number of questions about fair housing accessibility and policy were asked of the respondents. The State's FY2001 Analysis of Impediments to Fair Housing contains a detailed analysis of the responses to these questions. The questions that pertain most directly to housing and community development needs are included in this section.

Seventy percent of respondents agreed with the statement "Housing discrimination happens in my community." Fifty-six percent of respondents disagreed that minorities, large families, and persons with disabilities could obtain housing they desire in their communities. Exhibit III-18 shows the types of discrimination that respondents perceived to be a problem in their communities.

Community Survey

Exhibit III-18. Types of Discrimination that are a Problem, by County

Source:

Community Survey, Indiana
Consolidated Plan Update 2001.

County	Race	Age	Family Size	Gender	Language	Disability
Adams	■	■	■			■
Allen	■					■
Bartholomew	■		■		■	■
Benton						
Blackford	■					
Brown						
Carroll			■			■
Cass					■	
Clark	■		■		■	
Clay	■	■	■	■		■
Crawford	■	■	■		■	
Daviess	■		■		■	■
Dearborn			■		■	■
Decatur						
DeKalb			■			■
Delaware	■		■			
Dubois	■				■	■
Elkhart	■		■	■	■	■
Fayette						
Floyd						
Fountain					■	
Franklin						■
Fulton						
Gibson			■			
Grant	■	■	■		■	■
Greene	■				■	■
Hamilton						
Hancock	■		■		■	■
Harrison			■		■	
Hendricks		■				■
Henry						
Howard			■			
Huntington	■		■		■	■
Jackson						
Jay					■	■
Jefferson	■		■		■	■
Jennings	■			■	■	■
Johnson						
Knox						■
Kosciusko	■		■		■	
La Porte	■	■	■	■	■	■
LaGrange						
Lake	■	■	■	■	■	■
Lawrence						

Community Survey

Exhibit III-18. (cont) Types of Discrimination that are a Problem, by County

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

County	Race	Age	Family Size	Gender	Language	Disability
Madison			■			
Marion	■	■	■	■	■	■
Marshall	■		■		■	■
Martin						
Miami						
Monroe	■	■	■	■	■	■
Montgomery			■		■	■
Morgan	■	■	■			■
Newton						
Noble			■			
Ohio						
Orange	■	■	■			
Owen						■
Parke			■			■
Perry			■			■
Porter	■		■		■	■
Posey			■		■	■
Pulaski	■				■	
Putnam			■			
Randolph						
Ripley					■	
Rush	■		■		■	
Scott		■	■			■
Shelby		■	■		■	
Spencer					■	■
St. Joseph	■		■	■	■	■
Starke	■					
Sullivan						
Tippecanoe	■	■	■	■	■	■
Vanderburgh	■		■			
Vermillion						
Vigo			■			
Wabash				■		
Warrick	■		■		■	
Washington						
Wayne			■		■	■
Wells						
White			■		■	
Whitley			■		■	■

Community Survey

Overall, 20 percent of respondents agreed that discrimination on the basis of race was a problem in their communities; six percent agreed that age discrimination was a problem; and 31 percent agreed that discrimination based on family size was a problem. Just four percent agreed that discrimination because of gender was a problem; 25 percent agreed that discrimination occurred for non-English speaking individuals; and 24 percent agreed that persons with disabilities faced discrimination in their communities.

For the 1999 and 2000 Consolidated Plans, surveys were conducted of citizens in the state. These surveys also contained questions about fair housing. In 2000, 24 percent of survey respondents reported that they had been discriminated against in securing housing. This compares with 18 percent in 1999.

Income was the most frequently cited type of discrimination reported in 1999: 20 percent of respondents said that income-based discrimination was a major problem. In addition, 16 percent of respondents cited age as a major problem, 13 percent said family size, nine percent cited race, and just three percent felt that discrimination related to a disability was a major problem.

In the 2000 survey, the prevalence of discrimination was as follows: 42 percent reported income discrimination as a major problem; 37 percent reported disability-based discrimination; 11 percent reported race; and eight percent reported age discrimination.

Respondents of the 2001 survey were also asked about the ability to obtain financing for housing from financial institutions and mortgage companies in their communities. Seventy-two percent of respondents disagreed that obtaining financing was “easy.” Similarly, 70 percent disagreed that lower income families could refinance their mortgages at competitive interest rates.

Finally, respondents were asked about the types of barriers to housing choice that exist in their communities. Exhibit III-19 shows the perceived barriers to housing choice, by county.

Community Survey

Exhibit III-19. Types of Barriers to Housing Choice, by County

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

County	Cost of Housing	Public Transportation	Housing Discrimination	Lack of Accessibility Reqs. Physically Disabled	Distance to Employment
Adams	■	■	■	■	■
Allen	■				■
Bartholomew	■				
Benton	■	■			■
Blackford	■	■		■	■
Brown	■	■	■		■
Carroll	■	■	■	■	■
Cass	■	■	■	■	■
Clark	■	■			■
Clay	■	■		■	■
Crawford	■		■	■	■
Daviess		■			
Dearborn	■	■		■	
Decatur	■	■	■	■	■
DeKalb	■	■		■	■
Delaware	■	■		■	■
Dubois	■	■			■
Elkhart	■	■			■
Fayette	■	■			■
Floyd	■				
Fountain	■	■		■	
Franklin	■	■			
Fulton	■	■	■	■	■
Gibson	■	■	■	■	■
Grant	■	■		■	■
Greene	■	■	■		■
Hamilton				■	■
Hancock	■	■		■	■
Harrison	■			■	
Hendricks	■	■			■
Henry	■			■	■
Howard	■	■		■	■
Huntington	■	■		■	■
Jackson	■	■	■	■	■
Jay	■	■	■	■	■
Jefferson	■	■			■
Jennings	■	■	■	■	■
Johnson	■	■	■	■	■
Knox	■	■	■	■	■
Kosciusko	■				
La Porte	■	■	■	■	■
LaGrange	■				■
Lake	■	■			■
Lawrence	■	■	■	■	■

Community Survey

Exhibit III-19. (cont) Types of Barriers to Housing Choice, by County

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

County	Cost of Housing	Public Transportation	Housing Discrimination	Lack of Accessibility Reqs. Physically Disabled	Distance to Employment
Madison	■	■	■	■	■
Marion	■	■			■
Marshall		■			
Martin	■	■	■	■	■
Miami	■	■		■	■
Monroe	■	■	■	■	■
Montgomery	■				■
Morgan	■	■			■
Newton	■	■		■	■
Noble	■	■	■	■	■
Ohio	■	■		■	
Orange	■	■		■	■
Owen	■	■		■	■
Parke	■	■	■	■	■
Perry	■	■		■	■
Porter	■	■		■	■
Posey	■	■			■
Pulaski	■				■
Putnam		■			■
Randolph	■	■			■
Ripley	■	■		■	
Rush	■	■	■	■	■
Scott	■	■			
Shelby	■	■	■	■	■
Spencer		■			■
St. Joseph	■	■			■
Starke	■	■	■	■	■
Sullivan	■	■			■
Tippecanoe				■	
Vanderburgh	■				
Vermillion	■			■	
Vigo	■	■			■
Wabash	■				■
Warrick	■	■		■	■
Washington	■				
Wayne	■	■			■
Wells	■	■		■	■
White					
Whitley					

Community Survey

Summary of Housing Issues

The survey respondents were asked to list the three most important housing issues in their communities. Exhibit III-20 shows the type of housing needed by the percentage of respondents that identified it as one of the top three in their communities.

Exhibit III-20. Most Important Housing Issues

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

Housing Issue	Percent
Affordable/Low-Income Housing	69.5
Rental Housing/Apartments	21.4
High Quality Housing	16.2
Housing for Physically/Mentally Disabled	15.7
Availability in General	11.9
Homeless Shelters/Transitional Housing	10.5
Problems with Rentals – Slum Lords, Lack of Inspection	10.5
Housing for Elderly	9.5
Single Family Housing	8.6
Rehabilitation of Current Housing Stock	7.6
Emergency Shelters	6.2
Multi-Family Units	5.2
Subsidized Housing/Section 8	5.2
Minority Housing	4.3
Moderate Income Housing	3.3
Single Parent Housing	3.3
Assisted Living	2.9
Migrant Worker Housing	1.4

Respondents were also asked to list the groups in their communities with the greatest unmet housing needs. As shown in Exhibit III-21, low income populations, the elderly, persons with mental illnesses, and single parents were the groups with the greatest needs.

Community Survey

Exhibit III-21. Groups that Have the Greatest Unmet Housing Needs

Source:

Community Survey, Indiana
Consolidated Plan Update 2001.

Group	Percent
Low Income	42.2
Elderly/Seniors	15.0
Persons With Mental Illness	13.3
Single Parents	13.3
Hispanic/Spanish Speaking	10.6
Physically Disabled	10.6
Young People	10.6
Homeless	9.4
Working Poor	7.8
Moderate Income	6.1
Minorities	5.6
First Time Homebuyers	0.6

Community Development

Respondents were also asked about community development issues in their communities. In general, conditions in communities seemed to be improving. Seventy percent of respondents said that the perception of their community has improved during the past five years.

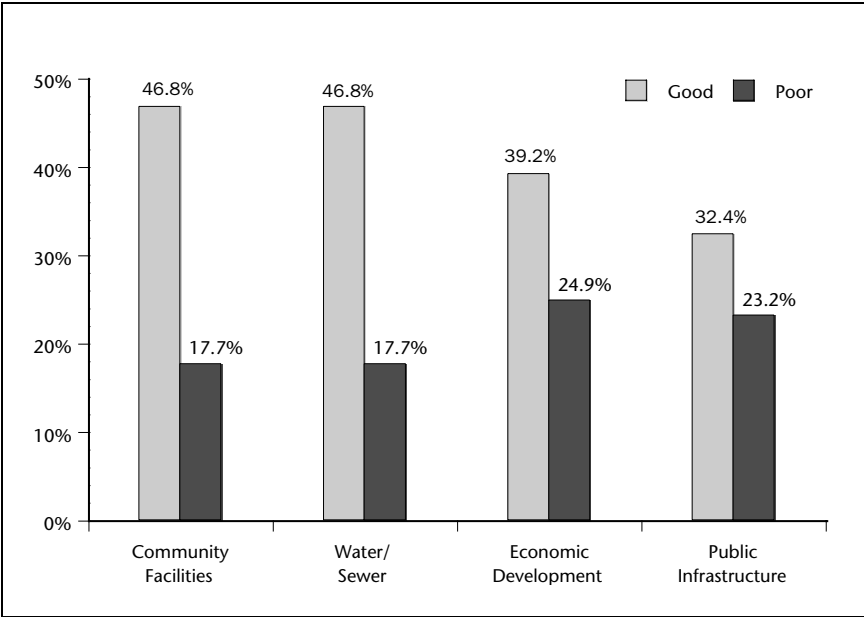
Employment conditions are a very important part of community health, particularly in rural areas. Sixty percent of respondents replied that the number of jobs in the community had increased in the past five years; 26 percent said that the number had decreased. The majority of both urban and rural counties said that jobs had increased in the last five years, although the percentage was larger for urban counties (66 percent) than rural counties (56 percent). The counties with a majority of respondents replying that jobs had decreased over the last five years included Blackford, Clay, Fayette, Franklin, Fulton, Grant, Greene, Huntington, Kosciusko, LaPorte, Lawrence, Monroe, Orange, Posey, Pulaski, Ripley, Rush, and Wabash.

Respondents also rated the quality of community development factors. Exhibit III-22 shows these results.

Community Survey

Exhibit III-22.
Quality of
Community
Development
Factors

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.



Respondents were also asked about their community's awareness and utilization of the State's Small Cities Block Grant programs. Fifty-four percent of respondents were aware of the Community Focus Fund (CFF) program administered by the Indiana Department of Commerce and one third of respondents has applied for and/or utilized CFF funding for local projects (38 percent did not know if their communities had used CFF funds). Exhibit III-23 shows a breakdown of how the communities that have received CFF funding have used it.

Community Survey

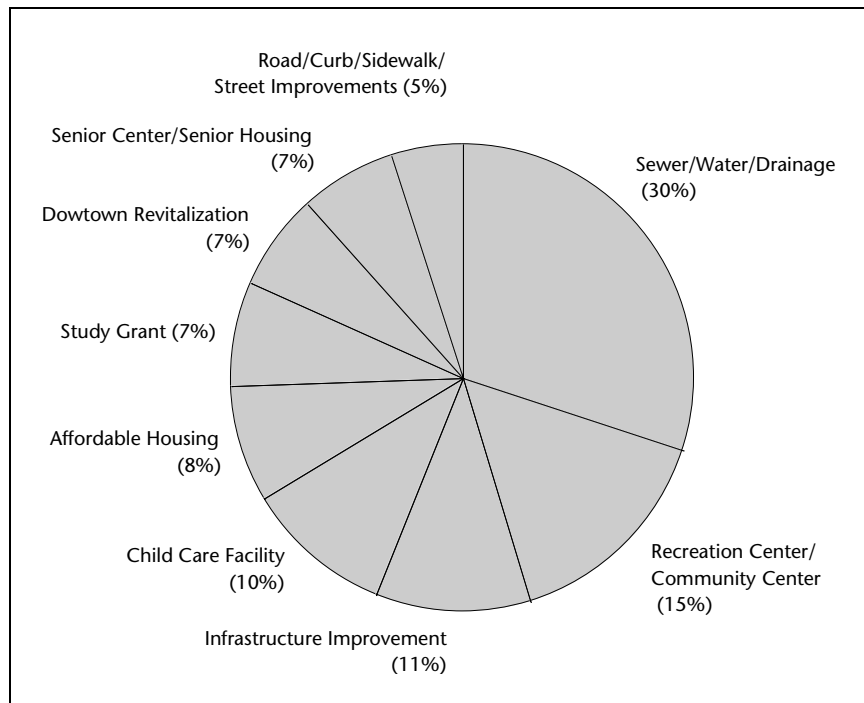
Exhibit III-23. Use of the Community Focus Fund Program

Note:

Percentages do not add to 100 because some respondents checked multiple use categories.

Source:

Community Survey, Indiana
Consolidated Plan Update 2001.



Finally, the survey respondents were asked to list the three most important community development issues in their communities. Exhibit III-24 shows the issue by the percentage of respondents that identified it as one of the top three in their communities.

Community Survey

Exhibit III-24. Most Important Community Development Issues

Source:
Community Survey, Indiana
Consolidated Plan Update 2001.

Community Development Issue	Percent
Renovation of/Revitalization of Central Business District/Downtown	31.5
Public Transportation	22.5
Adequate Jobs/More Employment	18.5
Infrastructure Improvement	14.6
Lack of Improvements in Water/Sewer	14.0
Community Buildings/Recreation Centers/Youth Facilities	11.8
Lack of Improvements in Sidewalks/Curbs/Streets	11.2
Industrial/Economic Growth	10.7
Child Care	10.1
Lack of Zoning/Community Development/Centralized Plan	10.1
Adequate Wages	6.2
Lack of Retail Establishments	6.2
Medical Improvements	5.1
Affordable Utilities/Affordable Minor Repairs	3.9
Adult Day Care	3.4

Summary

- The greatest need expressed by respondents to the 2001 Community Survey was for affordable housing. Affordable single family housing was perceived as most needed, followed by affordable rental housing, emergency shelters, and housing for the elderly.
- The majority of respondents felt that the housing and service needs of the homeless, mentally ill, and physically and developmentally disabled were not being adequately met. Respondents felt that the needs of the elderly were being met the best, relative to other special needs groups (although improvements are still needed).
- The services most widely available to special needs populations are meals, case management, and job training. Services less likely to be available in respondents' communities included public transit, health care, home repair assistance, child and adult day care, and substance abuse treatment.
- Eighty percent of respondents expressed a need for a resource guide (preferably a paper handbook) that lists services available to special needs groups in their communities.
- Seventy percent of respondents agreed that discrimination occurs in their communities. The types of discrimination perceived to be the most prevalent were family size, race, disability, and language.
- Respondents were also asked about barriers to housing choice in their communities. The barriers perceived to be the most prevalent included housing cost, transportation, and distance between housing and place of employment.
- The top community development needs identified by respondents included downtown revitalization, improvements in public infrastructure, transportation, and additional high paying, quality jobs.
- Forum participants expressed very similar concerns as survey respondents. The top concerns expressed in the forums included affordable housing (both single family and rental assistance), housing and services for the disabled, transportation, and day care. Forum participants also expressed a need for increased administrative and technical support for service providers.

Summary

Exhibit III-25. Community Issues

Valparaiso Issues

Group 1	Group 2	Group 3	Group 4
Homeless shelter funding	Affordable housing	Housing for low to moderate income seniors	Building new affordable rental housing—especially for low income seniors and handicapped persons(more effective than Section 8 in influencing supply/demand for rentals)
Transitional housing	Not enough shelters in the area	Homeless shelter	Public transportation
Permanent low-income housing	Not enough funding to provide services	Senior services—Transportation	Less funding for rental housing—tax credits do not help the client; they help the corporations—rents are too high
Collaboration between agencies duplicating services	State needs to match grant money	Rebuilding existing housing—Christmas in April—year round state funded	Not enough emergency shelter
Businesses and jobs	Area has a high cost of living—assistance needs to address this issue	Low incomes and families—working poor—intervention / credit	Not enough affordable low income housing
		Emergency shelter—domestic violence	
		Planning—Realistic assessment of needs vs. band-aid for the problem	

Columbia City

Group 1	Group 2	Group 3	Group 4
Employee Training Facilities for those with disabilities or being displaced /retraining	CDBG—Infrastructure of town	Affordable housing for middle to lower income people	Feasibility study
First home buyers	Senior housing	expansion of shelters in our area	Affordable housing —multi-family and single
Low income housing	Additional Emergency Shelter	Senior housing—handicapped accessible—keep in homes	Transitional housing
Use CDBG for infrastructure	single Family housing	Down payment assistance for low to medium income	Senior housing
Renovate buildings		mass transit	Shelters
Emergency funds for the greatest need			Transportation
			handicapped assistance

Summary

Exhibit III-25. (continued) Community Issues

Columbus

Group 1	Group 2	Group 3
Home Ownership/Rentals/Transitional housing for disabled, low income, elderly and homeless persons	Shift from community of affluence to increased poverty need 1)affordable housing with reasonable quality; 2)neighborhood revitalization—both residential and commercial; 3)low income population is unrecognized in light of affluent population	Focus on the gaps not the statistics
Needs Assessment for housing needs in region	Not enough transitional housing for 1)youth coming out of treatment centers; 2)people coming out of foster care; 3)from shelter to rental	Emergency/transitional shelter and funds needed
Homeless—transitional program, job training, counseling	Bureaucracy of grant application process is a high burden and discouraging	home ownership—1)maintenance funds for owner occupied individuals; 2)for those with poor credit history; 3)lack of affordable/accessible housing
Preparation to become homeowners	Single parent family housing support as well as other types of support beyond housing	Lack of Affordable rental housing
Day Care for low income persons	Adult Development opportunities	Need better case management among agencies that provide help
Program for increased financial assistance to elderly and disabled	Common medical health (multi-service) center	
Assistance with accessibility renovations	Blue collar/working poor qualify for resources but do not know them—need increased education of resources or resource referral network	
Senior Center	Programming and housing for area homeless	
Shelters—Homeless and Transitional	More first time service allowance regardless of guidelines	
	Currently support for case management that will focus on barrier that can lead to failure—need financial assistance and personal advocacy	
	Emergency Shelter and Response for Crisis	

Crawfordsville

Group 1	Group 2
Accessibility Home ownership	Transitional housing
Transportation	Emergency Shelter
Low income affordable housing	Low income elderly w/ supportive services
Transitional supportive	First Home Buyer
Centralized Assistance referral	Transportation
development infrastructure	Deposits Security & Utilities
Emergency Assistance	Child Care
	Youth Shelter

Washington

Summary

Exhibit III-25. (continued) Community Issues

Group 1	Group 2
Rehabilitation of existing housing	More single family housing—1 bedroom and 3 bedroom (CDBG)
Affordable housing	Emergency Shelter
Waste water infrastructure	
Owner occupied rehabilitated homes	
New housing	
Shelters (emergency)	
Home ownership education/counseling/programs	
Needs assessment/planning grants	
Multi-family housing	
Elderly housing	
Lead based paint training	
Heating assistance	

Jeffersonville

Group 1	Group 2	Group 3	Group 4	Group 5
Affordable decent housing	Emergency Shelter	Transportation	Accessible housing	Emergency shelter/housing medical care programs
Accessible housing	Supportive services	Housing	Rehabilitation for owner occupied homes	Food Assistantship programs
AIDS housing	Rentals	Health	Shelter for homeless	Affordable/Accessible housing
Shelters		Education	Transitional housing	Homelessness prevention programs
		Child Care	single room occupancy	Utilities assistance programs
		Community Assistance	Case management for transitional housing	Affordable medication program
			Housing code enforcement	Transportation is a large need
			Transportation—our group identified transportation as a top priority for our area. However, we didn't alllocate funding as the current structure doesn't allow for it. We would like to see the structure changed..	Employment/job training program
			Senior Resource Center	Affordable child care

Summary

Exhibit III-25. (continued) Community Issues

Crawfordsville

Group 1	Group
Accessibility Home ownership	Transitional housing
Transportation	Emergency Shelter
Low income affordable housing	Low income elderly w/ supportive services
Transitional supportive	First Home Buyer
Centralized Assistance referral	Transportation
development infrastructure	Deposits Security & Utilities
Emergency Assistance	Child Care
	Youth Shelter

Columbus

Group 1	Group 2	Group 3
Home Ownership/Rentals/Transitional housing for disabled, low income, elderly and homeless persons	Shift from community of affluence to increased poverty need 1)affordable housing with reasonable quality; 2)neighborhood revitalization—both residential and commercial; 3)low income population is unrecognized in light of affluent population	Focus on the gaps not the statistics
Needs Assessment for housing needs in region	Not enough transitional housing for 1)youth coming out of treatment centers; 2)people coming out of foster care; 3)from shelter to rental	Emergency/transitional shelter and funds needed
Homeless—transitional program, job training, counseling	Bureaucracy of grant application process is a high burden and discouraging	home ownership—1)maintenance funds for owner occupied individuals; 2)for those with poor credit history; 3)lack of affordable/accessible housing
Preparation to become homeowners	Single parent family housing support as well as other types of support beyond housing	Lack of Affordable rental housing
Day Care for low income persons	Adult Development opportunities	Need better case management among agencies that provide help
Program for increased financial assistance to elderly and disabled	Common medical health (multi-service) center	
Assistance with accessibility renovations	Blue collar/working poor qualify for resources but do not know them—need increased education of resources or resource referral network	
Senior Center	Programming and housing for area homeless	
Shelters—Homeless and Transitional	More first time service allowance regardless of guidelines	
	Currently support for case management that will focus on barrier that can lead to failure—need financial assistance and personal advocacy	
	Emergency Shelter and Response for Crisis	

Introduction and Methodology

This section addresses the requirements of Sections 91.305 and 91.310 of the State Government, Contents of Consolidated Plan Regulations. This section contains analyses of housing affordability and availability and community development conditions throughout the state. In contrast to the Housing & Community Development section, which contains a qualitative assessment of housing and community development conditions, this section is quantitative in nature. The sections should be read together for a complete picture of housing and community development needs in the state.

Since the 1995 five year Consolidated Plan, the housing market section has incorporated a housing demand model to help predict the housing needs for the State of Indiana currently and five years out. The housing demand model used in the 1995 Consolidated Plan estimated housing demand for the state from 1995 to 2000 using population characteristics from the Public Use Micro Sample (PUMS) database and forecasts of changes in population, income, and employment. The housing model in the FY2000 five year Consolidated Plan produced a “housing mismatch” that showed gaps between demand and affordability for both single family homes and rental housing in the state overall.

For the FY2001 Consolidated Plan Update, a slightly different approach is taken. The model compares the percentage of citizens in each county who are able to afford the median single family home and/or average rent in 2000. The same analysis is performed for 2005. The results produce an “affordability index” that compares the affordability of housing in 2000 with the estimated affordability in 2005.

This section begins with an overview of housing characteristics in Indiana. The middle part of the section is dedicated to the housing affordability analysis. The latter part of the section discusses barriers to housing affordability.

Housing Market Characteristics

Housing Types

Approximately 67 percent of the total housing units in the state were owner-occupied in 1999. Non-entitlement areas had a slightly higher rate of homeownership at 70 percent. These percentages compare favorably with the national homeownership rate in 2000 of 67 percent.

U.S. Census data from 1990 provide the most recent count of housing in the state by type of unit. The Census data estimate that about 70 percent of total housing units in Indiana are single family detached units; another three percent are single family attached units (e.g., owner occupied condominiums and townhomes). An estimated seven percent of the state's housing units are manufactured housing or trailers. The remaining 20 percent of the state's units are rentals, most of which have less than 10 units.

In non-entitlement areas, 76 percent of the housing units are single family detached and just one percent of units are attached, as estimated by 1990 Census data. Eleven percent of the housing units in non-entitlement areas are comprised of manufactured homes or trailers, higher than the state overall, and about 12 percent of the units are rentals.

Housing Supply

Construction Activity. In 2000, roughly 37,500 building permits were issued for residential housing development in Indiana. This represents a slow-down from the record levels of permits issued in the previous two years. In 1998, more than 40,000 permits were issued; this was 137 percent of the peak level of permits issued during the 1980s.

An estimated 81 percent of the building permits issued in 2000 were for single-family construction. This is roughly equivalent to 1999, and more than in 1998, when 78 percent of the total residential permits were for single-family development.

While statewide construction of multifamily units declined by more than 9 percent between 1999 and 2000, the number of permits issued for multifamily residential development in the Indianapolis MSA actually increased by more than 15 percent during this period. Although total permits issued in Indianapolis declined by four percent from 1999 to 2000, HUD identified Indianapolis as the 23rd most active metropolitan statistical area for the issuance of total building permits.

Vacancy Rates. The statewide homeownership vacancy rate was estimated at 1.1 percent in 2000 by the U.S. Census Bureau. This represents a decline from 1.4 percent in 1999 and 1.7 percent in 1998, but is still higher than the decade low of .7 percent reported for 1994. The rental vacancy rate in the state was an estimated 10.6 percent in 2000 – a decrease of almost 8 percent from 1999, which had the highest rental vacancy rate in more than 13 years. Even with this reduction, the 2000 rental vacancy rate is well above the 7.1 percent average rate of the preceding 14 years. High vacancy rates

Housing Market Characteristics

can indicate stagnant or slowing economic growth, or, as is more likely in this case, a sign of overbuilding. However, if the state's expiring use properties do convert to market rate rents, some looseness in the rental market could benefit certain communities.

The overall vacancy rate (both homeownership and rental) was seven percent in 1999. The 15 counties with the highest vacancy rates were all non-MSA counties. Steuben, White, Lagrange and Kosciusko Counties had vacancy rates of 20 percent or more in 1999. The counties with the lowest vacancy rates (between two and 4.5 percent) were mostly located in and around the Indianapolis MSA (excluding Marion county, which had an eight percent total vacancy rate).

Expiring Use Properties. A growing concern in the country and Indiana is the preservation of the supply of affordable housing for the lowest income renters. In the past, very low income renters have largely been served through federal housing subsidies, many of which are scheduled to expire in coming years. The units that were developed with federal government subsidies are referred to as "expiring use" properties.

Specifically, expiring use properties are multifamily units that were built with U.S. government subsidies, including interest rate subsidies (HUD Section 221(d)(3) and Section 236 programs), mortgage insurance programs (Section 221(d)(4)) and long-term Section 8 contracts. These programs offered developers and owners subsidies in exchange for the provision of low income housing (e.g., a cap on rents of 30 percent of tenants' income). Many of these projects were financed with 40 year mortgages, although owners were given the opportunity to prepay their mortgages and discontinue the rent caps after 20 years. The Section 8 project-based rental assistance contracts had a 20 year term.

Many of these contracts are now expiring, and some owners are taking advantage of their ability to refinance at low interest rates and obtain market rents. Most of Indiana's affordable multifamily housing was built with Section 221 (d)(3) and Section 236 programs. Thus, a good share of Indiana's affordable rental housing could be at risk of elimination due to expiring use contracts.

According to HUD, Indiana had more than 30,000 units in expiring use properties, or almost five percent of the state's total rental units, in 1999 (the date of the most recent data on expiring use units). Nationally, less than 10 percent of owners of expiring use have opted out. If Indiana mirrors national trends, about 3,000 units could convert to market rents.

When expiring use units convert to market properties, local public housing authorities issue Section 8 vouchers to residents of the properties that are converting to market rates. In some cases, market rents may be lower than subsidized rents, which could enable residents to stay in their current units. Vouchers may also give residents an opportunity to relocate to a neighborhood that better meets their

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preferences and needs. The outcomes of expiring use conversions are hard to determine because of the many variables (location, level of subsidized rents, tenant preferences) that influence tenants' situations.

Nonetheless, the loss of the affordable rental units provided by expiring use properties could put additional pressure on rental housing markets, especially in Indiana's urban counties, where most of these units are located.

Exhibit IV-1 shows the number of units with affordable provisions that are due to expire by county, as well as the percentage of each county's total rental units that these expiring use units represent.

Housing Market Characteristics

Exhibit IV-1.
Number and Percentage of Expiring Use Units, by County, 1999

County	Expiring Use Units	Expiring Use Units/ Total Rental Units (Est.)	County	Expiring Use Units	Expiring Use Units/ Total Rental Units (Est.)
Crawford	123	22.04%	Marshall	162	4.40%
Jefferson	351	11.67%	Dearborn	155	4.39%
Vermillion	148	11.64%	Rush	78	4.38%
Gibson	291	11.37%	Huntington	129	4.23%
Blackford	130	11.12%	Warrick	120	3.70%
Cass	394	10.72%	Shelby	146	3.55%
Daviess	236	10.52%	Porter	406	3.28%
Orange	136	10.01%	Steuben	76	3.17%
Grant	725	9.63%	Randolph	77	3.06%
Decatur	203	9.37%	Delaware	425	2.99%
Pike	77	9.05%	Hendricks	165	2.90%
Morgan	420	8.89%	Greene	72	2.88%
Wayne	737	8.59%	Harrison	50	2.85%
Clark	935	8.50%	DeKalb	72	2.79%
Scott	142	7.75%	Hancock	104	2.76%
Jackson	258	7.63%	Floyd	198	2.67%
La Porte	774	7.49%	LaGrange	48	2.53%
Dubois	214	7.26%	Miami	88	2.49%
Union	50	7.00%	Ripley	56	2.47%
Wabash	215	6.94%	Washington	49	2.43%
Noble	224	6.93%	Kosciusko	126	2.41%
Knox	293	6.90%	Monroe	439	2.40%
Perry	93	6.85%	White	48	2.10%
Tippecanoe	1,394	6.76%	Jay	36	2.01%
Bartholomew	465	6.70%	Hamilton	266	1.96%
Posey	116	6.30%	Jasper	40	1.65%
Fayette	180	6.25%	Spencer	22	1.62%
Adams	144	6.15%	Montgomery	61	1.62%
Lake	3,096	5.76%	Whitley	30	1.60%
St. Joseph	1,513	5.76%	Newton	18	1.53%
Wells	114	5.72%	Fountain	20	1.25%
Lawrence	191	5.64%	Jennings	8	0.41%
Elkhart	961	5.57%	Benton	-	0.00%
Vanderburgh	1,290	5.50%	Brown	-	0.00%
Owen	68	5.48%	Carroll	-	0.00%
Howard	466	5.31%	Clay	-	0.00%
Clinton	175	5.24%	Franklin	-	0.00%
Boone	194	5.17%	Fulton	-	0.00%
Marion	6,799	4.97%	Martin	-	0.00%
Johnson	498	4.95%	Ohio	-	0.00%
Putnam	132	4.82%	Pulaski	-	0.00%
Henry	214	4.74%	Starke	-	0.00%
Allen	1,607	4.66%	Sullivan	-	0.00%
Madison	603	4.63%	Switzerland	-	0.00%
Parke	60	4.59%	Tipton	-	0.00%
Vigo	528	4.47%	Warren	-	0.00%
			State Total	31,767	5.03%

Source: U.S. Department of Housing and Urban Development and PCensus/AGS.

Housing Market Characteristics

In 1997, Congress passed legislation that provides solutions, such as debt restructuring, to the expiring use problem. The legislation requires that HUD outsource the restructuring work to Participating Administrative Entities (PAEs). In January 1999, the Indiana Housing Finance Authority (IHFA) was selected to be the PAE for all expiring use properties in the state. In that responsibility, IHFA is playing a direct role in finding solutions by encouraging owners to stay in the federal programs, in addition to examining other programs and creative financing tools that will help preserve these properties as affordable housing.

Additionally, in May 2000, HUD selected IHFA to serve as a contract administrator for selected project-based housing assistance payment contracts in the state. In this role, IHFA will manage the contracts between HUD and the owners of affordable housing projects to ensure that the projects remain affordable, provide decent and safe housing, and are absent of housing discrimination. In 2000, IHFA was under contract with HUD to administer 394 properties.

Housing Condition

Measures of housing conditions are relatively scarce. Unless comprehensive surveys have been taken, the best source of data on housing conditions for most areas is 1990 U.S. Census data. The Census data contain a number of indicators of housing quality, including type of sewage disposal, heating fuel, water sources, and plumbing facilities. In addition to measuring housing conditions, such variables are also good indicators of community development needs, particularly of weaknesses in infrastructure.

Plumbing. The adequacy of indoor plumbing facilities is often used as a proxy for housing conditions. In 1990, an average of .7 percent of the state's housing units (both rental and homeowner) had inadequate plumbing. This was a marked improvement from 1980, where two percent of the state's housing units had inadequate facilities. Counties with the highest percentage of housing units with inadequate plumbing were primarily located in rural areas in the southern portion of the state.

Water and Sewer. There has been a growing awareness and concern in Indiana about the number of housing units relying on unsafe water sources. In 1990, 74 percent of housing units in the state received water through a public or private water system. Wells were the source of water for 25 percent of the state's housing. Nationally, about 84 percent of housing units are served by public or private systems; wells are the water source for about 15 percent of units.

In addition to water source, water quality is another important consideration. In 1999, the Indiana Department of Environmental Management reported that 93 percent of Indiana's public water systems were in compliance with EPA water-quality standards for the presence of 77 identified contaminants. Water providers must also comply with other environmental regulations to ensure the safety of users. The number of Indiana residents at risk of exposure to harmful contaminants

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resulting from non-compliant water providers has fallen dramatically. From 1994 to 1999 there was a 97 percent decline in the number of water users dependent on systems that were in significant non-compliance with state and federal regulations.

In 1990, about 68 percent of the state's housing units were served by public sewers. Nearly one-third of the state's units relied on a septic tank for sewage disposal. Nationally, 74 percent of housing units were served by public sewers and 25 percent used septic tanks.

Age. Age can also be a proxy for the condition of housing. Recent data forecasts based on U.S. Census data estimate that about 24 percent of the state's housing stock existing at year-end 1999 was built before 1939. Roughly 50 percent of the state's housing stock was built between 1950 and 1970. An estimated ten percent of the state's housing stock as of 1999 has been built since 1990.

Overcrowding. A final measure of housing conditions is overcrowding. The U.S. Census estimates that in 1990 two percent of the state's occupied housing units, or 45,000 units, were crowded, which is defined as more than 1.01 persons per room. Less than one percent of the state's housing units were severely crowded, with more than 1.51 persons per room. These data compare favorably to the national averages of 4.9 percent of units that were crowded and 2.1 percent severely crowded, as of 1990.

Lead Safe Housing

Environmental issues are also important to acknowledge when considering the availability, affordability and quality of housing. Exposure to lead based paint represents one of the most significant environmental threats from a housing perspective.

Dangers of Lead-Based Paint. Childhood lead poisoning is one of the major environmental health hazard facing American children today. As the most common high-dose source of lead exposure for children, lead-based paint was banned from residential paint in 1978. Housing built prior to 1978 is considered to have some risk, but housing built prior to 1940 is considered to have the highest risk. Children are exposed to lead poisoning through paint debris, dust and particles released into the air during renovation. Young children are most at risk because they have more hand-to-mouth activity and absorb more lead than adults.

Excessive exposure to lead can slow or permanently damage the mental and physical development of children ages six and under. An elevated blood level of lead in young children can result in learning disabilities, behavioral problems, mental retardation and seizures. In adults, elevated levels can decrease reaction time, cause weakness in fingers, wrists or ankles, and possibly affect memory or cause anemia. The severity of these results is dependent on the degree and duration of the elevated level of lead in the blood.

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Lead-poisoned children have special housing needs. The primary treatment for lead poisoning is to remove the child from exposure to lead sources. This involves moving the child's family into temporary or permanent lead-safe housing. Lead-safe housing is the only effective medical treatment for poisoned children and is the primary means by which lead poisoning among young children can be prevented. Many communities have yet to plan and develop adequate facilities to house families who need protection from lead hazards.

Extent of the Problem. Factors that contribute to community risk for lead based paint include the age and condition of housing, poverty and property tenure, families with young children, and the presence of lead poisoning cases. Homes built before 1940 on average have paint with 50 percent lead composition. Inadequately maintained homes and apartments (often low income) are more likely to suffer from a range of lead hazard problems, including chipped and peeling paint and weathered window surfaces.

Approximately 1.8 million housing units in Indiana – more than 70 percent of the total housing stock – were built before 1978. About 500,000 units, or 20 percent of the housing stock, are pre-1940. Urban areas typically have the highest percentages of pre-1940 housing stock, although the state's non-entitlement areas together have about the same percentage of pre-1940 units as the state overall.

The Centers for Disease Control and Prevention reports that from 1995 to 1998, 99,000 Indiana children were screened for lead. Ten percent of these children were determined to have elevated levels of lead in their blood.

Available Resources. The Residential Lead-Based Hazard Reduction Act of 1992 (commonly referred to as Title X) supports widespread prevention efforts of lead poisoning from lead-based paint. The Title X program provides grants of between \$1 million and \$6 million to states and local governments for lead abatement in privately owned housing or housing units on Superfund/Brownfield sites. Since the program's inception in 1993, approximately \$435 million in grants have been awarded to 31 states and the District of Columbia. Neither the state of Indiana, nor any jurisdiction within the state, has received any funding under this program.

In addition to available funding from the Title X program, recent changes to the Community Development Block Grant (CDBG) program have added lead based paint abatement to eligible activities for CDBG funding. In order to receive Title X or CDBG funding, states must enact legislation regarding lead-based paint that includes requirements of accreditation or certification for contractors who remove lead-based paint. Indiana adopted such legislation in 1997 (Indiana Code, 13-17-14).

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The State of Indiana Department of Environmental Management (IDEM), in conjunction with the Department of Health and the Marion County Health Department, developed the “Lead for 2000” campaign. Initiated in 1998, the campaign was aimed at reducing the incidence of childhood exposure to harmful lead-based contaminants. This effort entailed training lead-assessors, promoting awareness of the health risks that lead-exposure presents, and educating families in methods that they can apply to minimize the risks presented by exposure to lead. These efforts are aimed at private homes as well as child-care facilities when children may be at risk.

In September 2000, HUD adopted new requirements for lead evaluation of multifamily properties that are HUD owned or are project-based rental assistance units and for new applicants of mortgage insurance. In general, the regulations require the testing and repair of all of the properties acquired or rehabilitated through federal programs. In preparation for the new requirements, IHFA sent a list of the new requirements to its HOME and CDBG recipients and held a training to assist grantees with implementation of the new requirements.

The U.S Department of Energy also updated its regulations in September 2000 for administration of the Weatherization Assistance Program. This action was taken to further protect residents of HUD program housing and other federally owned homes from the dangers of lead-based paint by ensuring proper remediation and mitigation protocol when weatherizing these units.

In January 2001, the Family and Social Services Administration (FSSA) and the Indiana Housing Finance Authority (IHFA) held a training session about these new regulations for Community Action Program agencies and Public Housing Authorities. The goal of the training was to ensure that the organizations affected by the new regulations and guidelines would operate under the same interpretation of the new requirements.

Housing Affordability

Homeownership. Indiana cities commonly rank as the most affordable for homeownership in the quarterly Housing Opportunity Index (HOI) calculated by the National Association of Home Builders (NAHB). The HOI is a measure of the percentage of homes sold during a quarter that a median-income household could afford. In the third quarter 2000 (the most recent data available), Elkhart-Goshen ranked as the fourth most affordable city in the nation by the HOI measure. Lafayette and South Bend also received high affordability rankings. In third quarter 1999, Muncie ranked as the second most affordable city according to the HOI.

Housing Market Characteristics

Although housing prices in Indiana are still affordable relative to national standards, prices have been increasing, particularly in the areas of the state that have been developing more quickly. Much of the growth in housing development has occurred in and around the Indianapolis MSA. In HUD's most recent U.S. Housing Market Conditions Report, it was noted that Indianapolis builders are reporting that 2000 was one of the best years for new home and sales since the late 1970s. Demand for higher priced housing is strong in the Indianapolis MSA: new homes priced between \$125,000 and \$225,000 in Marion and Hamilton Counties alone made up more than half of the area's new sales in 2000.

The median home price for all active residential units on the market in central part of the state was \$124,000 in January 2001 and \$119,900 for the fourth quarter of 2000, compared to \$114,900 during the fourth quarter of 1999. This translates into a price increase of 4.3 percent during the year, or an increase in a monthly mortgage payment of around \$40. For condominiums only, the median price was \$99,999 in January 2001, \$104,900 in fourth quarter 2000, and \$94,900 in fourth quarter 1999 – for a 10 percent price increase between 1999 and 2000.

The Indiana Housing Finance Authority (IHFA) recently commissioned a study of single family housing costs by county. The study involved the analysis of more than 25,000 existing and new single family residential sales throughout Indiana. Exhibit IV-2, on the following page, lists the median price of existing single family housing by county for the state.

IHFA also recently (1999) sponsored a comprehensive market study of the housing markets for each county in the state. Exhibit IV-3 shows the average single family home price for those properties on the market in 1999. The data were obtained from regional Boards of Realtors and represent 85 of the state's 92 counties.

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Exhibit IV-2. Median Price of Existing Home, by County, 2000

Source:
IHFA Single Family Sales Analysis,
IU Center for Real Estate Studies.

County	2000 Median Home Price	County	2000 Median Home Price
Adams	135,103	Lawrence	83,841
Allen	110,810	Madison	83,800
Bartholomew	130,390	Marion	111,524
Benton	61,496	Marshall	106,320
Blackford	63,272	Martin	50,000
Boone	163,318	Miami	63,987
Brown	135,440	Monroe	130,775
Carroll	90,547	Montgomery	86,610
Cass	71,279	Morgan	122,765
Clark	94,000	Newton	95,107
Clay	71,827	Noble	95,159
Clinton	81,676	Ohio	90,652
Crawford	94,000	Orange	70,104
Daviess	55,000	Owen	81,097
Dearborn	117,782	Parke	65,864
Decatur	95,265	Perry	71,382
DeKalb	91,874	Pike	65,500
Delaware	82,639	Porter	149,782
Dubois	75,000	Posey	97,826
Elkhart	109,675	Pulaski	40,424
Fayette	77,169	Putnam	98,158
Floyd	94,000	Randolph	86,643
Fountain	61,874	Ripley	117,150
Franklin	122,994	Rush	64,661
Fulton	78,262	St. Joseph	94,895
Gibson	65,945	Scott	68,875
Grant	71,552	Shelby	97,995
Greene	61,221	Spencer	74,617
Hamilton	195,573	Starke	65,752
Hancock	126,691	Steuben	115,944
Harrison	94,000	Sullivan	57,364
Hendricks	146,641	Switzerland	65,712
Henry	79,479	Tippecanoe	114,101
Howard	88,541	Tipton	90,771
Huntington	75,519	Union	59,521
Jackson	80,936	Vanderburgh	101,197
Jasper	117,652	Vermillion	59,902
Jay	59,343	Vigo	80,768
Jefferson	89,512	Wabash	65,298
Jennings	80,916	Warren	92,185
Johnson	139,195	Warrick	129,685
Knox	71,777	Washington	72,716
Kosciusko	87,615	Wayne	92,875
La Porte	107,735	Wells	93,122
LaGrange	100,245	White	104,962
Lake	115,432	Whitley	97,178

Housing Market Characteristics

Exhibit IV-3. Average Price of Single Family Home, by County, 1999

Source:
Indiana Housing Finance Authority,
Housing Market Study.

County	Average Price of SF Home	County	Average Price of SF Home
Adams	\$82,404	Lawrence	\$78,051
Allen	\$107,225	Madison	\$84,077
Bartholomew	\$133,815	Marion	\$110,746
Benton	\$66,235	Marshall	\$98,312
Blackford	\$63,415	Martin	N/A
Boone	\$178,967	Miami	\$79,214
Brown	\$143,383	Monroe	\$122,962
Carroll	\$86,371	Montgomery	\$92,797
Cass	\$68,550	Morgan	\$124,972
Clark	\$102,439	Newton	\$85,349
Clay	\$65,512	Noble	\$88,500
Clinton	\$83,055	Ohio	\$98,547
Crawford	\$82,661	Orange	N/A
Daviess	N/A	Owen	\$122,962
Dearborn	\$117,233	Parke	\$67,142
Decatur	\$91,836	Perry	N/A
DeKalb	\$84,600	Pike	N/A
Delaware	\$88,577	Porter	\$140,326
Dubois	N/A	Posey	\$97,085
Elkhart	\$101,046	Pulaski	\$52,473
Fayette	\$79,133	Putnam	\$98,057
Floyd	\$118,969	Randolph	\$69,781
Fountain	\$67,570	Ripley	\$108,806
Franklin	\$146,446	Rush	\$63,150
Fulton	\$68,891	Scott	\$71,364
Gibson	\$81,880	Shelby	\$97,268
Grant	\$72,487	Spencer	\$81,880
Greene	\$53,215	St. Joseph	\$100,024
Hamilton	\$194,173	Starke	\$75,216
Hancock	\$133,049	Steuben	\$126,700
Harrison	\$102,143	Sullivan	\$56,941
Hendricks	\$138,952	Switzerland	\$63,606
Henry	\$80,819	Tippecanoe	\$122,312
Howard	\$95,037	Tipton	\$94,347
Huntington	\$83,236	Union	\$67,890
Jackson	\$117,370	Vanderburgh	\$98,258
Jasper	\$109,075	Vermillion	\$59,392
Jay	\$47,286	Vigo	\$82,023
Jefferson	\$90,589	Wabash	\$70,441
Jennings	N/A	Warren	\$78,880
Johnson	\$132,165	Warrick	\$131,910
Knox	\$68,505	Washington	\$69,733
Kosciusko	\$98,736	Wayne	\$101,571
LaGrange	\$99,800	Wells	\$81,288
Lake	\$108,352	White	\$89,138
La Porte	\$107,041	Whitley	\$95,340

Housing Market Characteristics

Finally, the FY2001 Consolidated Plan community survey asked respondents about the range of starter home prices in their communities. The price ranges reported for the counties that responded to the survey are shown in Section III, Exhibit III-5.

The majority of respondents to the survey listed prices far below the average price for the county that was collected in the IHFA Market Study. The average is likely to be higher than the prices given by respondents because the Market Study includes all properties, whereas the surveys asked for prices of starter homes only. Additionally, in very active markets, averages are often skewed upwards because of a number of high-end, very expensive sales. (This is the reason that median prices are often better indicators of cost than are average prices). However, the survey data were also far lower than the more recent data on median home prices.

The difference between the survey data and the average and median home prices could indicate that affordable housing problems in many communities are actually larger than perceived. The difference between the average prices from the 1999 IHFA Market Study and the 2000 prices in the Single Family Cost Study is also interesting. In many cases, the median is higher, which indicates that single family housing costs are on the rise.

Renters. Rental vacancy rates can be a useful indicator of current and future rental affordability. As noted above, vacancy rates for rental housing in the state increased to 10.6 percent in 2000, from 11.5 percent in 1999. This decrease in vacancies suggests that the pricing of rental units could increase in the short-term. However, this adjustment should only occur where there is a shortage in the supply of rental units (e.g., for lower end rentals, especially where market conditions were already tight for low-income renters).

According to the 1999 IHFA Market Study (the latest comprehensive information on rental prices statewide), the average rent per county ranges from a low of \$224 in Carroll County to a high of \$706 in Hamilton County. The average rents by county are shown in the following exhibit. The average rents compare more favorably with the price ranges given by the Consolidated Plan survey respondents than did housing prices. This may be because there are not as many high-end rental properties on the market that could skew the average. Also, the respondents to the surveys may be more knowledgeable about rental prices than single family housing prices.

Housing Market Characteristics

Exhibit IV-5.
Percentage of Rental Units Subsidized, by County, 1999

County	Percent of Market Rate	Percent of Market Rate	County	Percent of Market Rate	Percent of Subsidized
Benton	0%	100%	Ohio	48%	52%
Fountain	0%	100%	Knox	48%	52%
Franklin	0%	100%	Jefferson	49%	51%
Pulaski	0%	100%	Marshall	49%	51%
Warren	0%	100%	Huntington	50%	50%
LaGrange	2%	98%	Dearborn	51%	49%
Jasper	6%	94%	Grant	52%	48%
Clay	7%	93%	Rush	53%	47%
Parke	12%	88%	Morgan	54%	46%
Jay	13%	87%	Henry	54%	46%
Martin	14%	86%	Shelby	55%	45%
Randolph	15%	85%	Montgomery	56%	44%
Carroll	15%	85%	Harrison	56%	44%
Orange	17%	83%	Scott	57%	43%
Wabash	18%	82%	Daviess	58%	42%
Sullivan	19%	81%	Decatur	59%	41%
Starke	20%	80%	Vigo	61%	39%
Owen	20%	80%	Ripley	61%	39%
Fulton	24%	76%	Floyd	66%	34%
Noble	25%	75%	Bartholomew	67%	33%
Crawford	26%	74%	Steuben	67%	33%
Posey	28%	72%	Fayette	69%	31%
Adams	29%	71%	Putnam	69%	31%
Wells	32%	68%	Clark	69%	31%
Greene	32%	68%	Madison	70%	30%
Blackford	32%	68%	Warrick	71%	29%
Vermillion	33%	67%	La Porte	72%	28%
Washington	34%	66%	Brown	77%	23%
Lawrence	34%	66%	Lake	77%	23%
DeKalb	34%	66%	St. Joseph	79%	21%
Gibson	34%	66%	Porter	79%	21%
Perry	35%	65%	Delaware	80%	20%
Union	37%	63%	Miami	80%	20%
Jennings	37%	63%	Boone	81%	19%
Dubois	37%	63%	Allen	84%	16%
Newton	38%	62%	Tippecanoe	85%	15%
Tipton	40%	60%	Hancock	86%	14%
Pike	41%	59%	Johnson	86%	14%
Cass	42%	58%	Vanderburgh	86%	14%
Wayne	44%	56%	Spencer	87%	13%
Switzerland	44%	56%	Monroe	87%	13%
Kosciusko	45%	55%	Howard	88%	12%
Jackson	46%	54%	Hamilton	89%	11%
Clinton	46%	54%	Hendricks	90%	10%
White	47%	53%	Elkhart	91%	9%
Whitley	47%	53%	Marion	91%	9%

Source: Indiana Housing Finance Authority, Housing Market Study; PCensus/AGS.

Housing Affordability Model

Housing Affordability Modeling

For the FY2001 Consolidated Plan Update, the housing affordability model compares existing affordability of both single family homes and rental units with their estimated affordability in 2005. The results produce an “affordability index” that compares the affordability of housing in 2000 with the estimated affordability in 2005.

The purpose of the modeling is to answer the question: “Will the people moving into counties throughout the state be able to afford the housing available to them?” This is an important question for policymakers to consider when planning what types of housing should be built to accommodate the housing needs of future populations. The following section describes how the model answered this question.

First, the percentage of households in each county that could and could not afford to buy the median existing single family home or rent at the average rate in 2000 was calculated. The median home price data came from the Single Family Home Cost Study commissioned by IHFA and completed in December 2000. Existing single family home prices were used rather than new home prices, because existing homes are generally more affordable and constitute a larger share of the total market. Data on average rents were taken from the IHFA Market Study completed in early 2000. Growth in home prices and rental rates were based on the average annual growth in housing costs between 1990 and 2000. The source of the data on income ranges by county for 2000 and 2005 was PCensus/AGS socioeconomic forecasts, which use consumer credit and local economic data to estimate changes in income. Affordability was based on the standard assumption that households could not pay more than 30 percent of their annual income in rents or mortgage payments; i.e., no household could be overburdened by housing costs¹.

Exhibit IV-6 shows the percentage of households in each county that could not afford to purchase the median priced single family home or rent at the average rates in 2000.

¹ According to HUD, a household is overburdened by housing costs if it pays more than 30 percent of its gross income on rental or mortgage payments. A household is “severely overburdened” if it pays more than 50 percent of its gross income in housing payments.

Housing Affordability Model

Exhibit IV-6.

Percent of Households that Could Not Afford to Buy the Median Home or Rent the Average Apartment, 2000

County	Could Not Buy	Could Not Rent or Buy	County	Could Not Buy	Could Not Rent or Buy
Adams	47.1%	14.3%	Lawrence	27.7%	11.9%
Allen	32.9%	11.5%	Madison	26.3%	16.5%
Bartholomew	39.6%	21.6%	Marion	36.2%	23.0%
Benton	15.9%	11.4%	Marshall	31.2%	13.5%
Blackford	18.0%	12.7%	Martin	14.8%	14.8%
Boone	39.8%	17.5%	Miami	16.7%	28.9%
Brown	42.8%	12.3%	Monroe	50.2%	30.3%
Carroll	31.4%	3.6%	Montgomery	25.0%	16.0%
Cass	17.7%	17.7%	Morgan	30.7%	11.3%
Clark	33.0%	16.3%	Newton	31.8%	14.5%
Clay	20.8%	15.2%	Noble	28.9%	13.4%
Clinton	27.3%	16.3%	Ohio	36.0%	13.3%
Crawford	45.9%	24.6%	Orange	22.6%	16.0%
Daviess	20.6%	20.6%	Owen	31.4%	13.5%
Dearborn	33.7%	12.7%	Parke	19.6%	14.2%
Decatur	31.6%	14.3%	Perry	20.1%	30.9%
DeKalb	28.3%	11.3%	Pike	20.2%	20.2%
Delaware	30.9%	30.9%	Porter	36.5%	15.7%
Dubois	20.8%	12.5%	Posey	27.6%	13.4%
Elkhart	34.3%	20.1%	Pulaski	12.2%	12.2%
Fayette	28.9%	17.9%	Putnam	33.1%	9.4%
Floyd	30.5%	23.6%	Randolph	29.7%	13.0%
Fountain	17.9%	12.5%	Ripley	42.0%	12.3%
Franklin	39.3%	10.6%	Rush	17.4%	11.8%
Fulton	27.5%	12.2%	St. Joseph	31.0%	14.9%
Gibson	18.4%	18.4%	Scott	21.2%	34.0%
Grant	17.2%	17.2%	Shelby	28.7%	22.2%
Greene	21.0%	14.9%	Spencer	24.4%	24.4%
Hamilton	18.9%	9.2%	Starke	20.0%	13.9%
Hancock	29.8%	14.7%	Steuben	38.8%	13.0%
Harrison	33.9%	10.8%	Sullivan	21.8%	15.6%
Hendricks	32.6%	16.1%	Switzerland	20.2%	13.7%
Henry	28.3%	17.9%	Tippecanoe	39.0%	26.0%
Howard	22.6%	22.6%	Tipton	27.0%	12.4%
Huntington	24.1%	13.8%	Union	17.0%	17.0%
Jackson	28.3%	16.9%	Vanderburgh	35.5%	18.5%
Jasper	39.0%	14.5%	Vermillion	22.4%	22.4%
Jay	18.4%	12.2%	Vigo	31.8%	20.8%
Jefferson	29.5%	17.0%	Wabash	16.5%	11.0%
Jennings	28.3%	12.3%	Warren	35.5%	10.9%
Johnson	33.2%	16.0%	Warrick	35.3%	10.2%
Knox	23.6%	23.6%	Washington	32.5%	14.2%
Kosciusko	18.6%	10.6%	Wayne	39.3%	19.6%
La Porte	31.1%	10.3%	Wells	27.8%	7.9%
LaGrange	32.1%	23.7%	White	34.1%	15.7%
Lake	34.9%	15.5%	Whitley	28.0%	12.0%

Source: BBC Research & Consulting.

Housing Affordability Model

Some of these households have been living in their homes for some time and are likely to have lower mortgage payments than what they would pay today. However, if these households were seeking housing today, they would likely be overburdened by housing costs or need to double up jobs or relocate in order to afford housing. In some areas, the percentage of households that would not be able to afford to buy today exceeds 40 percent and the percentage of households that would not be able to afford to rent or buy exceeds 30 percent.

By 2005, the state is projected to have almost 110,000 new households. Exhibit IV-7 shows the estimated income levels of the new households, distributed by the HUD income categories that are used to target housing funds.

**Exhibit IV-7.
Change in
Households
by Income Level**

Source:
BBC Research & Consulting;
PCensus/AGS.

HUD Income Categories	2000 Households	2005 Households	Change
Extremely Low Income	333,561	348,222	14,661
Very Low Income	354,703	370,293	15,590
Low Income	298,227	311,335	13,108
Moderate Income	399,257	416,806	17,549
More than Moderate	893,886	933,175	39,289
Total	2,279,634	2,379,831	100,197
State Median Income	\$39,424	\$46,245	\$6,821

These estimates assume that the distribution of households by income in the state does not change materially in the next five years, based on forecasted economic conditions in the state. If there is a significant downturn in conditions, the income distribution may be less optimistic than is suggested here, and housing needs of lower income populations might be understated. Conversely, if major growth in the state's economy occurs, the income distribution would be more positive than is shown here, and the estimates might overstate the housing needs of low income groups.

The housing affordability model considered the projections in the table above, estimated future home prices and rents based on historical growth, and calculated affordability of the same housing stock in 2005. The exhibit below shows the estimated percentage of households in each county that would be unable to afford a single family home or rental in 2005.

Housing Affordability Model

Exhibit IV-8.

Percent of Households that Could Not Afford to Buy the Median Home or Rent the Average Apartment, 2005

County	Could Not Buy	Could Not Rent or Buy	County	Could Not Buy	Could Not Rent or Buy
Adams	45.7%	18.6%	Lawrence	37.8%	22.3%
Allen	39.6%	16.2%	Madison	33.6%	28.5%
Bartholomew	39.2%	29.0%	Marion	41.8%	25.9%
Benton	21.6%	11.0%	Marshall	46.4%	18.9%
Blackford	34.0%	23.8%	Martin	26.4%	14.3%
Boone	32.6%	27.5%	Miami	22.8%	49.6%
Brown	40.7%	16.9%	Monroe	48.2%	38.1%
Carroll	38.2%	3.3%	Montgomery	35.0%	20.4%
Cass	31.8%	31.8%	Morgan	37.5%	21.9%
Clark	40.0%	29.4%	Newton	46.3%	19.5%
Clay	40.9%	14.3%	Noble	37.6%	17.6%
Clinton	36.4%	22.0%	Ohio	42.5%	12.6%
Crawford	57.0%	50.5%	Orange	38.1%	20.6%
Daviess	26.0%	34.9%	Owen	40.0%	17.0%
Dearborn	40.6%	17.3%	Parke	32.2%	13.3%
Decatur	45.8%	28.3%	Perry	34.8%	46.3%
DeKalb	36.0%	25.5%	Pike	35.5%	40.9%
Delaware	38.2%	38.2%	Porter	30.2%	21.5%
Dubois	17.1%	11.8%	Posey	33.1%	18.0%
Elkhart	41.3%	24.0%	Pulaski	23.8%	11.9%
Fayette	37.6%	23.2%	Putnam	40.6%	13.4%
Floyd	32.7%	32.7%	Randolph	51.6%	23.9%
Fountain	23.9%	16.6%	Ripley	47.9%	16.1%
Franklin	46.0%	10.4%	Rush	22.5%	15.9%
Fulton	37.9%	16.4%	St. Joseph	43.4%	27.6%
Gibson	24.4%	31.9%	Scott	26.9%	35.8%
Grant	29.6%	22.1%	Shelby	42.5%	42.5%
Greene	26.0%	14.0%	Spencer	28.0%	28.0%
Hamilton	13.9%	10.9%	Starke	25.0%	18.0%
Hancock	30.3%	21.3%	Steuben	45.8%	27.0%
Harrison	39.3%	14.6%	Sullivan	26.1%	26.1%
Hendricks	27.0%	21.9%	Switzerland	25.1%	13.0%
Henry	36.4%	30.9%	Tippecanoe	44.4%	29.3%
Howard	28.5%	24.1%	Tipton	32.5%	16.4%
Huntington	28.4%	19.5%	Union	22.3%	39.6%
Jackson	36.8%	31.0%	Vanderburgh	47.3%	31.7%
Jasper	45.2%	13.3%	Vermillion	27.4%	27.4%
Jay	24.9%	17.0%	Vigo	39.5%	34.2%
Jefferson	43.8%	23.6%	Wabash	21.5%	15.2%
Jennings	37.8%	11.8%	Warren	49.5%	10.6%
Johnson	33.5%	19.5%	Warrick	35.6%	20.8%
Knox	36.9%	28.6%	Washington	34.4%	18.1%
Kosciusko	22.3%	22.3%	Wayne	50.9%	25.0%
La Porte	43.8%	9.9%	Wells	35.5%	11.6%
LaGrange	40.1%	40.1%	White	48.4%	30.2%
Lake	40.5%	19.1%	Whitley	36.1%	17.8%

Source: BBC Research & Consulting.

Housing Affordability Model

Finally, the housing model compared the affordability of single family and rental housing for 2000 and 2005 to produce an “affordability index.” This index identifies whether or not the affordability of housing in a county is expected to improve or worsen during then next five years. An index less than 1.0 indicates that affordability is likely to worsen because fewer households will be able to afford the median priced house or average rent in 2005. Conversely, an index greater than 1.0 indicates that affordability is projected to improve during the next five years, because more households will be able to afford to buy or rent.

The following exhibit shows the estimated affordability index for single family and rental housing for each county in the state.

Housing Affordability Model

Exhibit IV-9.
Affordability Index: How Households Will Fare in 2005

County	Ownership Index	Renter Index	County	Ownership Index	Renter Index
Adams	1.03	0.95	Lawrence	0.86	0.88
Allen	0.90	0.95	Madison	0.90	0.86
Bartholomew	1.01	0.91	Marion	0.91	0.96
Benton	0.93	1.00	Marshall	0.78	0.94
Blackford	0.81	0.87	Martin	0.86	1.01
Boone	1.12	0.88	Miami	0.93	0.71
Brown	1.04	0.95	Monroe	1.04	0.89
Carroll	0.90	1.00	Montgomery	0.87	0.95
Cass	0.83	0.83	Morgan	0.90	0.88
Clark	0.90	0.84	Newton	0.79	0.94
Clay	0.75	1.01	Noble	0.88	0.95
Clinton	0.87	0.93	Ohio	0.90	1.01
Crawford	0.79	0.66	Orange	0.80	0.94
Daviess	0.93	0.82	Owen	0.87	0.96
Dearborn	0.90	0.95	Parke	0.84	1.01
Decatur	0.79	0.84	Perry	0.82	0.78
DeKalb	0.89	0.84	Pike	0.81	0.74
Delaware	0.90	0.90	Porter	1.10	0.93
Dubois	1.05	1.01	Posey	0.92	0.95
Elkhart	0.89	0.95	Pulaski	0.87	1.00
Fayette	0.88	0.94	Putnam	0.89	0.96
Floyd	0.97	0.88	Randolph	0.69	0.87
Fountain	0.93	0.95	Ripley	0.90	0.96
Franklin	0.89	1.00	Rush	0.94	0.95
Fulton	0.86	0.95	St. Joseph	0.82	0.85
Gibson	0.93	0.83	Scott	0.93	0.97
Grant	0.85	0.94	Shelby	0.81	0.74
Greene	0.94	1.01	Spencer	0.95	0.95
Hamilton	1.06	0.98	Starke	0.94	0.95
Hancock	0.99	0.92	Steuben	0.89	0.84
Harrison	0.92	0.96	Sullivan	0.94	0.88
Hendricks	1.08	0.93	Switzerland	0.94	1.01
Henry	0.89	0.84	Tippecanoe	0.91	0.95
Howard	0.92	0.98	Tipton	0.92	0.95
Huntington	0.94	0.93	Union	0.94	0.73
Jackson	0.88	0.83	Vanderburgh	0.82	0.84
Jasper	0.90	1.01	Vermillion	0.93	0.93
Jay	0.92	0.95	Vigo	0.89	0.83
Jefferson	0.80	0.92	Wabash	0.94	0.95
Jennings	0.87	1.01	Warren	0.78	1.00
Johnson	0.99	0.96	Warrick	0.99	0.88
Knox	0.83	0.93	Washington	0.97	0.95
Kosciusko	0.95	0.87	Wayne	0.81	0.93
La Porte	0.82	1.00	Wells	0.89	0.96
LaGrange	0.88	0.78	White	0.78	0.83
Lake	0.91	0.96	Whitley	0.89	0.93

Note: An index higher than 1.0 indicates greater estimated affordability in 2005; less than 1.0 indicates less estimated affordability.

Source: BBC Research & Consulting; Indiana Housing Finance Authority, Housing Market Study; PCensus/AGS.

Housing Affordability Model

As shown in the exhibit, the model predicts that affordability of the median existing single family home will worsen in all but nine of the state's counties. Rental affordability is expected to worsen in all but 15 of the state's counties. This is due to single family housing prices and rents growing faster than incomes.

Exhibits IV-10 and IV-11 show the ownership and rental affordability index ranked by county, from least (less than 1.0) to most (more than 1.0) affordable.

Housing Affordability Model

Exhibit IV-10. Owner Affordability Index, from Least Affordable to Most

Note:

An index higher than 1.0 indicates greater estimated affordability in 2005; less than 1.0 indicates less estimated affordability.

Source:

BBC Research & Consulting.

County	Ownership Index	County	Ownership Index
Randolph	0.69	Ohio	0.90
Clay	0.75	Jasper	0.90
Marshall	0.78	Ripley	0.90
Warren	0.78	Allen	0.90
White	0.78	Carroll	0.90
Newton	0.79	Morgan	0.90
Decatur	0.79	Madison	0.90
Crawford	0.79	Tippecanoe	0.91
Jefferson	0.80	Marion	0.91
Orange	0.80	Lake	0.91
Blackford	0.81	Harrison	0.92
Shelby	0.81	Jay	0.92
Wayne	0.81	Tipton	0.92
Pike	0.81	Howard	0.92
Perry	0.82	Posey	0.92
La Porte	0.82	Gibson	0.93
Vanderburgh	0.82	Miami	0.93
St. Joseph	0.82	Scott	0.93
Knox	0.83	Fountain	0.93
Cass	0.83	Daviess	0.93
Parke	0.84	Benton	0.93
Grant	0.85	Vermillion	0.93
Fulton	0.86	Union	0.94
Lawrence	0.86	Greene	0.94
Martin	0.86	Starke	0.94
Montgomery	0.87	Switzerland	0.94
Pulaski	0.87	Rush	0.94
Jennings	0.87	Wabash	0.94
Owen	0.87	Huntington	0.94
Clinton	0.87	Sullivan	0.94
Noble	0.88	Spencer	0.95
Fayette	0.88	Kosciusko	0.95
Jackson	0.88	Floyd	0.97
LaGrange	0.88	Washington	0.97
Steuben	0.89	Hancock	0.99
Whitely	0.89	Warrick	0.99
Vigo	0.89	Johnson	0.99
Henry	0.89	Bartholomew	1.01
Putnam	0.89	Adams	1.03
Franklin	0.89	Brown	1.04
DeKalb	0.98	Monroe	1.04
Wells	0.89	Dubois	1.05
Elkhart	0.89	Hamilton	1.06
Delaware	0.90	Hendricks	1.08
Clark	0.90	Porter	1.10
Dearborn	0.90	Boone	1.12

Housing Affordability Model

Exhibit IV-11. Renter Affordability Index, from Least Affordable to Most

Note:

An index higher than 1.0 indicates greater estimated affordability in 2005; less than 1.0 indicates less estimated affordability.

Source:

BBC Research & Consulting.

County	Renter Index	County	Renter Index
Crawford	0.66	Newton	0.94
Miami	0.71	Orange	0.94
Union	0.73	Jay	0.95
Shelby	0.74	Allen	0.95
Pike	0.74	Posey	0.95
Perry	0.78	Dearborn	0.95
LaGrange	0.78	Montgomery	0.95
Daviess	0.82	Brown	0.95
White	0.83	Adams	0.95
Cass	0.83	Elkhart	0.95
Vigo	0.83	Noble	0.95
Jackson	0.83	Fulton	0.95
Gibson	0.83	Starke	0.95
Decatur	0.84	Spencer	0.95
Vanderburgh	0.84	Fountain	0.95
Steuben	0.84	Wabash	0.95
DeKalb	0.84	Rush	0.95
Henry	0.84	Tipton	0.95
Clark	0.84	Washington	0.95
St. Joseph	0.85	Tippecanoe	0.95
Madison	0.86	Putnam	0.96
Kosciusko	0.87	Ripley	0.96
Blackford	0.87	Harrison	0.96
Randolph	0.87	Lake	0.96
Sullivan	0.88	Owen	0.96
Boone	0.88	Johnson	0.96
Morgan	0.88	Wells	0.96
Lawrence	0.88	Marion	0.96
Floyd	0.88	Scott	0.97
Warrick	0.88	Howard	0.98
Monroe	0.89	Hamilton	0.98
Delaware	0.90	Franklin	1.00
Bartholomew	0.91	Carroll	1.00
Jefferson	0.92	Pulaski	1.00
Hancock	0.92	Warren	1.00
Porter	0.93	Benton	1.00
Hendricks	0.93	La Porte	1.00
Clinton	0.93	Jennings	1.01
Wayne	0.93	Martin	1.01
Huntington	0.93	Ohio	1.01
Vermillion	0.93	Switzerland	1.01
Whitley	0.93	Dubois	1.01
Knox	0.93	Greene	1.01
Fayette	0.94	Clay	1.01
Marshall	0.94	Parke	1.01
Grant	0.94	Jasper	1.01

Housing Affordability Model

Counties at the top of the list will grow less affordable between 2000 and 2005. Income growth is not predicted to be high enough to sustain the level of affordability in 2000. Conversely, counties at the end of the list will become more affordable, as income growth exceeds the estimated increase in housing costs.

The following exhibit divides the counties into four quadrants based on the combination of two variables: 1) their projected population growth between 2000 and 2005, and 2) their improvement or decline in single family housing affordability.

- **Lower Left Quadrant.** The counties in the lower left quadrant are expected to experience the slowest growth in the state between 2000 and 2005 and are also expected to have the least affordable single family housing stock. These counties are at risk of experiencing “supply shock”: a lack of supply of affordable single family housing and little growth pressure to induce development. The supply of affordable single family housing in these counties is expected to be constrained in 2005. An example of this type of county would be one that has a high percentage of lower paying jobs (or that has experienced a large number of layoffs) and too little affordable housing stock for its primary workforce.
- **Upper Left Quadrant.** The counties in the upper left quadrant are also expected to experience low population growth, but their single family housing should become relatively more affordable. These counties could experience a period of economic and housing market inactivity between 2000 and 2005. Affordability issues are not likely to be as much of a concern to these counties as economic development might be. This type of county is one that has not experienced rapid growth in population or housing in the past decade and whose economics are not expected to change considerably in the next five years.
- **Upper Right Quadrant.** The counties in the upper right quadrant are expected to experience the highest population growth rates in the state. Income growth of these counties is expected to keep up with or exceed increases in single family housing costs, so these counties should become more affordable between 2000 and 2005. Hamilton County for example, had the highest median price for existing single family homes in the state in 2000. But, the county also has a very high income distribution that is expected to continue to grow. Therefore, Hamilton becomes more “affordable,” albeit to mostly higher income households. Still, the counties in this quadrant should be watched closely by policymakers, as they could easily become part of the high activity quadrant if housing costs began to increase more rapidly than income growth.

Housing Affordability Model

- **Lower Right Quadrant.** Finally, the high activity quadrant includes counties that are expected to experience high population growth and become less affordable. These counties are at the greatest risk for experiencing future affordability problems. If future development does not include affordable single family housing, the affordable housing problem in these counties is likely to worsen (assuming that rental units also become less affordable). In many of these counties, however, the new single family housing that is being developed is high-end: in Boone County, for example, the median home price of a new home in 2000 was \$303,000.

Housing Affordability Model

Exhibit IV-12. Single Family Home Affordability Matrix

Source:
BBC Research & Consulting.

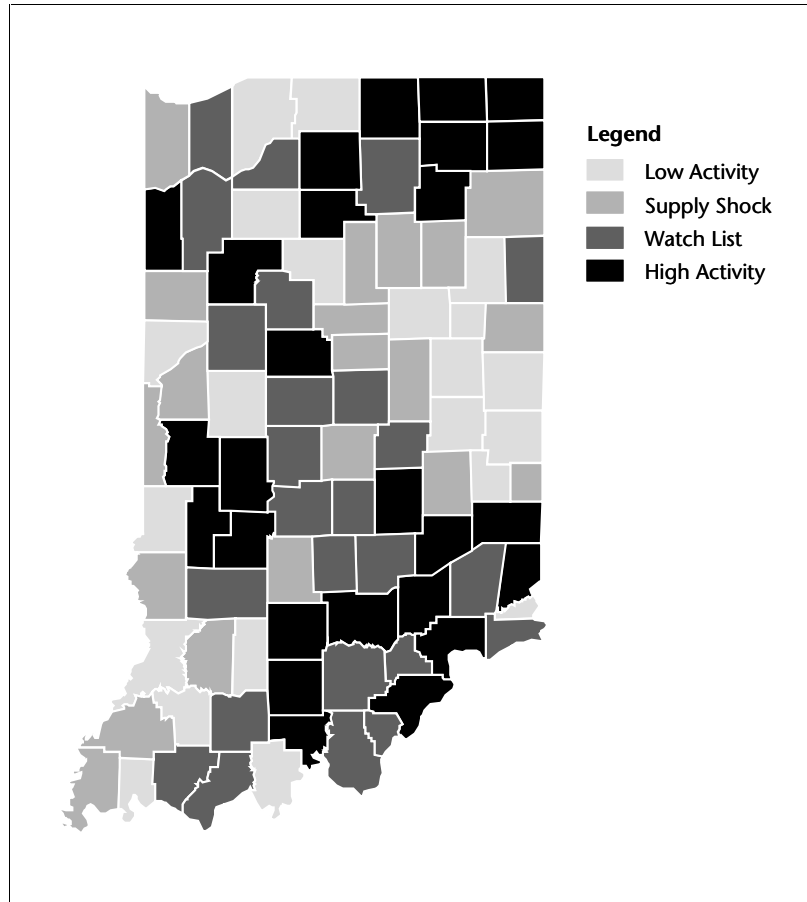
		High Affordability	
Low Growth	Low Activity	Blackford Cass Delaware Fayette Grant Henry Knox La Porte Martin Montgomery Ohio Perry Pike Pulaski Randolph St. Joseph Vanderburgh Vigo Warren Wayne Wells	Watch List Adams Bartholomew Boone Brown Carroll Dubois Floyd Greene Hamilton Hancock Harrison Hendricks Jasper Johnson Kosciusko Morgan Porter Ripley Scott Spencer Starke Switzerland Tippecanoe Warrick Washington
	Supply Shock	Allen Benton Daviess Fountain Gibson Howard Huntington Jay Lake Madison Marion Miami Monroe Posey Rush Sullivan Tipton Union Vermillion Wabash	High Activity Clark Clay Clinton Crawford Dearborn Decatur DeKalb Elkhart Franklin Fulton Jackson Jefferson Jennings LaGrange Lawrence Marshall Newton Noble Orange Owen Parke Putnam Shelby Steuben White Whitley
		Low Affordability	
		High Growth	

Housing Affordability Model

Exhibit IV-13 maps the four county profiles described above.

**Exhibit IV-13.
County Profiles of
Single Family Home
Affordability**

Source:
BBC Research & Consulting.



It should be noted that the model does simplify reality and that the actual affordability of housing in the future may differ from what the index predicts. Changes in local economies, zoning and building codes, and household preferences about renting and owning all influence how housing is developed and distributed among households. These variables are very difficult to predict, and they can strongly affect the affordability of local housing markets. In addition, the forecasted growth in households, income, and home prices and rents are all based on the growth experienced between 1990 and 2000, a time of significant economic expansion. If the economy does not perform as well between 2000 and 2005, each county's affordable housing needs could vary from what is estimated here.

Housing Affordability Model

Exhibit IV-14 on the following page shows the percentage of renter and owner-occupied households with housing problems, including cost burdens and severe cost burdens, estimated for 2000. These “indicators of housing distress” are derived by applying 1990 estimates of renter and owner occupied households data and housing needs data from the CHAS database to 2000 household and income estimates.

**Exhibit IV-14.
Indicators of Housing Distress by Tenure and Income**

	Extremely Low Income Renters	Very Low Income Renters	Other Low Income Renters	Total Renters < 80% MFI	Extremely Low Income Owners	Very Low Income Owners	Other Low Income Owners	Total Owners < 80% MFI	Renters and Owners < 80% MFI
Total Households	100,068	106,411	89,468	295,947	233,493	248,292	208,759	690,544	986,491
Percent with any Housing Problem	74%	66%	28%	57%	71%	39%	21%	44%	48%
Number with any Housing Problems	74,051	70,231	25,051	169,333	165,780	96,834	43,839	306,453	475,786
Percent with a Cost Burden	72%	63%	23%	54%	70%	36%	18%	42%	46%
Number with a Cost Burden	72,049	67,039	20,578	159,666	163,445	89,385	37,577	290,407	450,072
Percent with a Severe Cost Burden	54%	16%	2%	25%	43%	11%	30%	28%	27%
Number with a Severe Cost Burden	54,037	17,026	1,789	72,852	100,402	27,312	62,628	190,342	263,194

Source: Renter/owner data is from the 1990 Census and is the latest available. Household data is based on 2000 income and population estimates from PCensus/AGS.

Barriers to Housing Affordability

The State of Indiana traditionally has followed the philosophy that local leaders should have control over local issues. As such, most of the laws affecting housing and zoning have been created at the urging of local jurisdictions and implemented at local discretion. Indiana is a "home rule" state, meaning that local jurisdictions may enact ordinances that are not expressly prohibited by or reserved to the state.

The 2001 Community Survey conducted as part of the Consolidated Planning process asked community leaders about housing barriers. Eighty percent of the respondents to the survey agreed that zoning laws (such as minimum lot sizes and growth boundaries) in their communities encouraged segregated housing.

Respondents were also asked to identify if certain factors were barriers to housing choice. These barriers and the percentage of respondents agreeing that they affect housing choice are shown in Exhibit IV-15.

**Exhibit IV-15.
Percentage of
Respondents Who
Identified Certain
Housing Factors
as Barriers**

Source:
BBC Research & Consulting.

Barrier	Percent
Cost of Housing	76.1
Public Transportation	52.2
Housing Discrimination	15.7
Lack of Accessibility Requirements for Physically Disabled	32.1
Distance to Employment	46.4

An attendee of the FY2001 Consolidated Plan public hearing identified an additional barrier. In her community a homeless couple that was gay was denied access to the local, faith-based shelter because of their sexual orientation.

Tax Policies

Indiana communities' primary revenue source is the property tax. Taxes are based on a formula that assesses replacement value of the structure within its use classification. Single family homes are assessed as residential; multi-family property is assessed as commercial. Condition, depreciation and neighborhood are factored in to the tax assessment. Commercial rates are higher than residential rates; however, real estate taxes are a deductible business expense.

Barriers to Housing Affordability

Zoning Ordinances and Land Use Controls

There is no state level land use planning in Indiana. State enabling legislation allows jurisdictions to control land use on a local level. Cities or counties must first establish a planning commission and adopt a comprehensive plan before enacting a zoning ordinance. A recent study completed by the Indiana Chapter of the American Planning Association identified that roughly 200 cities and counties have planning commissions in place.

In addition to local land use controls, certain federal or state environmental mandates exist. For instance, residential units may not be constructed in a designated flood plain. The Indiana Department of Environmental Management directs most of the Environmental Protection Agency regulations for the state.

Certain neighborhoods have been designated historic districts by local communities. In these areas, exterior appearance is usually controlled by a board of review, which is largely made up of area residents. As with zoning, there is an appeals process for review of adverse decisions. These types of land use controls should not preclude development of low income housing; they simply regulate the development so that it does not adversely affect the existing neighborhood.

Some developments impose their own site design controls. Such controls are limited to a specific geographic area, enforced through deed covenants, and designed to maintain property value and quality of life. For example, apartment complexes may be required to provide sufficient "green space" to allow for children's play areas.

Many local zoning codes require an exception or variance for the placement of manufactured housing. This makes it more difficult to utilize manufactured housing as an affordable housing alternative.

Subdivision Standards

The State of Indiana authorizes jurisdictions to develop local subdivision control ordinances. Legislation describes the types of features local governments can regulate and provides a framework for local subdivision review and approval. Subdivision ordinances can drive up the costs of housing depending on the subdivision regulations. For example, large lot development, extensive infrastructure improvements such as sidewalks or tree lawns can add to development costs and force up housing prices. The state encourages local communities to review local subdivision requirements to be sure they do not impede the development of affordable housing.

Barriers to Housing Affordability

Building Codes

The state has adopted a statewide uniform building code based on a recognized national code. These minimal building construction standards are designed solely to protect the health and welfare of the community and the occupants. Planners point out that it is not uncommon for builders to exceed the minimum building code.

The recently updated state building code includes a provision aimed at ensuring compliance with the accessibility standards established under the federal Americans With Disabilities Act (ADA).

Permits and Fees

Local building permits, filing and recording fees, fees for debris removal, and fees for weed removal are the most common fees and charges applicable to affordable housing. All appear to be nominal amounts and not sufficient to deter construction or rehabilitation of low- and moderate-income housing. Some exceptions may apply to the provision of manufactured housing.

Growth Limits

Few communities within Indiana are facing insurmountable growth pressures. Some communities have been forced to slow growth so that municipal services and infrastructure can be expanded to support new growth areas. However, these measures address temporary gaps in service and do not reflect long-term policies.

Excessive Exclusionary, Discriminatory or Duplicative Policies

In developing this housing strategy, the state has not been able to identify any excessive exclusionary, discriminatory or duplicative local policies that are permitted by state laws and policies.

Ameliorating Negative Effects of Policies, Rules or Regulations

Over the next five years, Indiana expects to see further consolidation of housing programs at the state level and concurrently, maturation of the associated programs and policies, as well as further decentralization of service provision. Interviews and regional forums did not surface many concerns regarding state and local policies as deterrent to the production of affordable housing.

Community Development Indicators

The Consolidated Plan Coordinating Committee recognizes that housing needs cannot be considered alone when evaluating the overall needs of the state. In many instances, the distinction between housing and community development needs is artificial. Addressing these needs together is integral to well-founded and successful ongoing community development.

Community development is a broad based concept, and its definition can vary considerably depending on the community. For a former one company town that has faced a major plant closure, community development might mean economic diversification. For a quickly expanding metropolitan area, community development could be defined as investment in public facilities.

Because the concept of community development means something different to each community, obtaining good measures of community needs can be difficult. Surveys and focus groups are often the best data source for determining community development conditions at the local level. The community surveys that have been conducted as part of the Consolidated Plan each year have asked respondents about non-housing conditions in their communities. In addition, the Consolidated Plan uses the typical quantitative measures of economic health – e.g., employment conditions, workforce education, and economic growth – to supplement the evaluation of community development conditions throughout the state.

Indicators of housing market conditions are also relevant in assessing community development needs. For example, poor housing conditions may be a result of inadequate water and sewer systems. Similarly, lack of affordable housing may lead to increased stress on transportation systems as residents are forced to locate in outlying, more affordable areas. Thus, the housing needs assessment preceding this section should also be considered when evaluating the state's community development needs.

Job Growth

Job creation is a very common measure of economic health. The Indiana Department of Commerce and the Indiana Business Research Center recently analyzed job growth in the state during the last 12 years. Between 1989 and 2000, jobs were created at an average rate of 1.85 percent per year. Actual rates, however, ranged from 3.5 and -.6 percent. The most jobs were added in 1994 (86,000 jobs) and 1989 (83,000 jobs). In 2000, annual net job growth was around 22,000 jobs. The trend in job creation in Indiana was very similar to that of the U.S. overall. The Indiana Business Research Center expects the state's job growth to be about the same as in 2000 and the state's unemployment rate to remain below the national rate.

Community Development Indicators

Workforce Education

Educational attainment can be an indicator of the health of state and local economies and a measure of workforce readiness. In 1990, 76 percent of Indiana's adult population had at least a high school diploma and 16 percent had received a bachelor's degree or higher. About one-fourth of the state's adult population had not graduated from high school. However, improvements in student retention appear to have increased the share of Indiana residents who have high school diplomas in the coming years. Throughout the 1990's, the Indiana's statewide dropout rate for 7-12 grade students declined dramatically from 3.4% during the 1989/90 school year to 1.85% in the 1998/1999 school year. By 1999, the percentage of the state's adult population with a high school diploma or more had increased to 82 percent, and the percentage with a bachelor's degree or more increased to 18 percent. Non-entitlement areas had about the same percentage of adults with high school diplomas, but a slightly lower percentage with bachelor's degrees or higher (16 percent in 1999).

According to the Indiana Economic Development Council (IEDC), the rate of college attainment in the state closely matches the educational requirements of the state's occupations: about 17 percent of jobs require a four-year college degree or higher. However, as IEDC notes, this educational match does not necessarily translate into a skill match. In fact, IEDC found in a recent study that for every 100 high-skill job openings, only 65 job applicants had the mix of skills required.

Exhibit III-16 lists the estimated percentage of each county's adult population with and without high school diplomas, and with bachelor's degrees or higher, for 1999.

Community Development Indicators

Exhibit IV-16.
Education Level of Adult Population, by County, 1999

County	No High School Diploma	High School or More	Bachelor's or More	County	No High School Diploma	High School or More	Bachelor's or More
Adams	19%	81%	12%	Lawrence	23%	77%	11%
Allen	14%	86%	21%	Madison	20%	80%	13%
Bartholomew	17%	83%	19%	Marion	17%	83%	25%
Benton	17%	83%	10%	Marshall	19%	81%	14%
Blackford	20%	80%	10%	Martin	27%	73%	10%
Boone	13%	87%	25%	Miami	17%	83%	11%
Brown	17%	83%	17%	Monroe	13%	87%	37%
Carroll	17%	83%	11%	Montgomery	14%	86%	14%
Cass	18%	82%	10%	Morgan	20%	80%	11%
Clark	20%	80%	13%	Newton	20%	80%	9%
Clay	18%	82%	11%	Noble	21%	79%	9%
Clinton	17%	83%	12%	Ohio	24%	76%	7%
Crawford	31%	69%	7%	Orange	27%	73%	7%
Daviess	25%	75%	9%	Owen	25%	75%	9%
Dearborn	20%	80%	12%	Parke	17%	83%	11%
Decatur	21%	79%	11%	Perry	26%	74%	8%
DeKalb	16%	84%	11%	Pike	26%	74%	10%
Delaware	19%	81%	19%	Porter	12%	88%	21%
Dubois	21%	79%	12%	Posey	17%	83%	12%
Elkhart	20%	80%	16%	Pulaski	21%	79%	10%
Fayette	27%	73%	10%	Putnam	18%	82%	13%
Floyd	20%	80%	18%	Randolph	21%	79%	10%
Fountain	20%	80%	9%	Ripley	23%	77%	11%
Franklin	26%	74%	10%	Rush	19%	81%	10%
Fulton	18%	82%	11%	Scott	31%	69%	8%
Gibson	20%	80%	10%	Shelby	19%	81%	11%
Grant	21%	79%	13%	Spencer	21%	79%	11%
Greene	21%	79%	11%	St.Joseph	17%	83%	22%
Hamilton	7%	93%	41%	Starke	30%	70%	8%
Hancock	14%	86%	17%	Steuben	15%	85%	14%
Harrison	22%	78%	10%	Sullivan	19%	81%	11%
Hendricks	11%	89%	20%	Switzerland	26%	74%	7%
Henry	21%	79%	10%	Tippecanoe	10%	90%	34%
Howard	16%	84%	16%	Tipton	17%	83%	11%
Huntington	16%	84%	13%	Union	22%	78%	10%
Jackson	23%	77%	10%	Vanderburgh	18%	82%	18%
Jasper	18%	82%	12%	Vermillion	21%	79%	9%
Jay	23%	77%	9%	Vigo	18%	82%	21%
Jefferson	22%	78%	15%	Wabash	19%	81%	13%
Jennings	27%	73%	8%	Warren	21%	79%	11%
Johnson	14%	86%	19%	Warrick	14%	86%	18%
Knox	19%	81%	13%	Washington	26%	74%	8%
Kosciusko	16%	84%	16%	Wayne	21%	79%	13%
LaGrange	34%	66%	9%	Wells	15%	85%	13%
Lake	20%	80%	15%	White	16%	84%	12%
La Porte	19%	81%	14%	Whitley	15%	85%	10%

Source: PCensus and Applied Geographic Solutions.

Community Development Indicators

Transportation

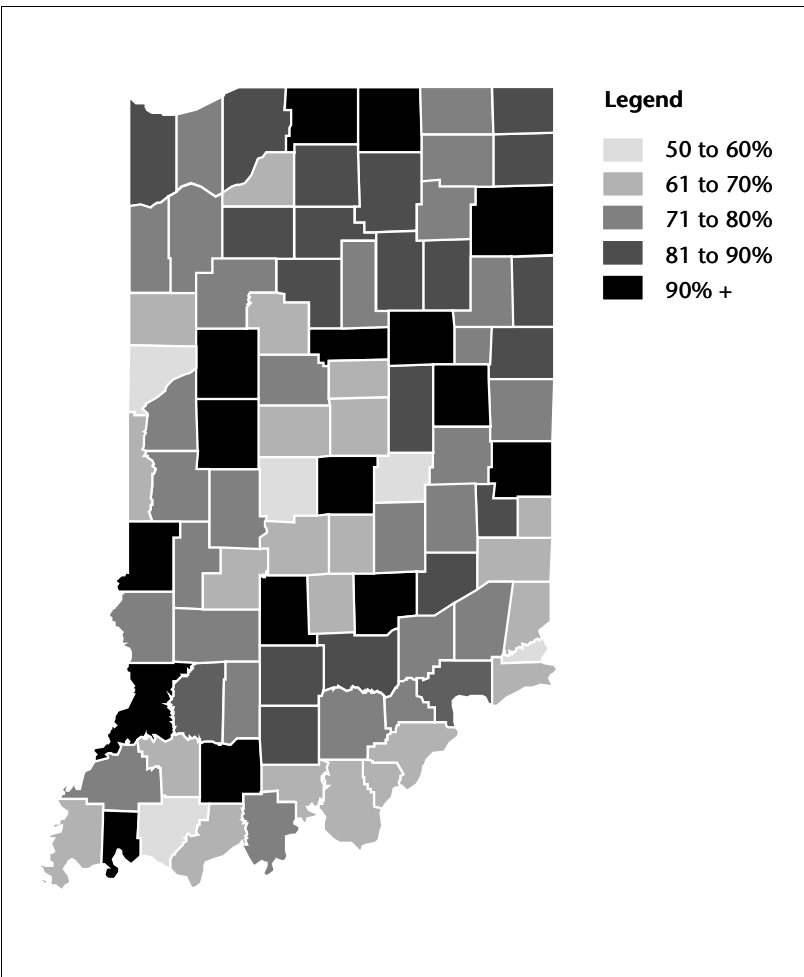
Lack of adequate transportation systems can adversely affect employment, in addition to other facets of a community. Exhibit III-17 below shows the percentage of residents in each county in the state who work in the same county in which they live.

**Exhibit IV-17.
Commuting Patterns,
by Cohorts, 1996**

Note:
Data based on 1996 income tax return
filings.

Source:
Indiana Department of Revenue.

***The majority of residents
live in the same county
in which they work.***



The county average of residents who work and live in the same county was 77 percent in 1996. Counties adjacent to those with large MSAs have the lowest percentage of residents who work where they live.

Community Development Indicators

Community Infrastructure

It is difficult to assess the conditions of public infrastructure (e.g., water and sewers systems, roads) of the state overall because conditions can vary widely among communities. A recent survey by the Indiana Rural Assistance Program, in cooperation with the Indiana State Department of Health, attempted to identify the communities in the state with the greatest need for assistance in resolving outstanding sewage disposal problems. The survey was sent to county health departments in all counties in the state. Surveys were received from 66 counties, representing 390 communities throughout the state. The survey asked county health officials to identify the 10 worst residential and commercial areas in their communities with sewage disposal problems. Exhibit IV-18, on the following page, shows the number of residential houses and commercial buildings that were included in the top 10 ranking for each county responding to the survey.

Economic Growth

Gross state product (GSP) is a measure of the value of production by labor and property located in a state. (GSP is for states what the Gross Domestic Product is for the U.S.). The latest data for GSP for Indiana indicate that state's economy grew faster than the nation in the most recent year measured (1997-98) and during the past decade. Between 1988 and 1998, the GSP for Indiana increased by an average annual rate of 5.8 percent, compared to 5.6 percent for the GDP. Growth in Indiana's GSP was slightly higher than the Gross Domestic Product for the U.S. between 1991 and 1995 and in 1998. The growth in Indiana's GSP ranked 21st in the nation. As of 1998, Indiana ranked the 15th largest economy in the nation.

Community Development Indicators

Exhibit IV-18.
Estimated Sewage Disposal Problems, by County, 1999

County	Residences	Businesses	County	Residences	Businesses
Adams	375	18	Lake	621	25
Bartholomew	458	18	La Porte	2,363	133
Benton	195	9	Miami	682	48
Boone	189	18	Monroe	785	22
Brown	1,497	1	Montgomery	50	0
Cass	421	23	Morgan	285	0
Clark	600	19	Newton	310	30
Clay	135	4	Noble	150	2
Clinton	518	29	Ohio	35	3
Crawford	80	9	Owen	1,994	48
Daviess	75	2	Parke	415	67
Decatur	545	21	Porter	1,300	57
DeKalb	90	2	Posey	390	6
Delaware	620	9	Randolph	60	0
Dubois	1,025	50	Ripley	255	18
Elkhart	451	24	Rush	100	4
Fayette	30	2	Scott	245	8
Fountain	344	17	Shelby	1,099	35
Franklin	75	4	Spencer	225	10
Fulton	980	4	St. Joseph	656	47
Gibson	1,000	32	Steuben	1,300	45
Grant	739	29	Switzerland	130	3
Greene	35	0	Tippecanoe	420	22
Hamilton	439	3	Tipton	291	17
Hancock	470	29	Vanderburgh	140	22
Harrison	120	0	Vigo	1,581	25
Hendricks	140	0	Wabash	627	19
Henry	85	7	Warren	370	13
Howard	583	35	Washington	225	19
Jackson	277	40	Wayne	797	83
Jay	17	0	Wells	412	35
Johnson	450	13	White	5,174	114
LaGrange	290	42	Whitley	360	18
			Total	37,195	1,511

Source: 1999 Unsewered Community Survey, Indiana Rural Assistance Program and Indiana State Department of Health.

Summary

Overall, the state has continued to prosper in 2000. Unemployment rates remain low, job markets are strong, and housing markets are healthy. This was reflected in the 70 percent of respondents to the 2001 Community Survey who said that the perception of their community had improved during the last five years.

There are, however, some weak areas. Much of the state's population, housing, and economic development growth has occurred around the urban centers. Rural areas, particularly those with less diverse economies, are reportedly in need of higher paying, quality jobs. These areas may also need improvements in public infrastructure, such as downtown revitalization, water and sewer systems, and transportation. Some counties could be at risk of developing affordable housing problems, especially those with a combination of continued population growth and a limited supply of middle and lower priced housing stock. Further weaknesses in the national economy could negatively affect the health of the state's economy, particularly in counties experiencing slow growth. How the combination of housing and economic development factors play out will determine the future needs for the allocation of Consolidated Plan resources.

Introduction

This section discusses the housing and community development needs of special needs populations in Indiana, pursuant to Sections 91.305 and 91.315 of the State Government Consolidated Plan Regulations.

Due to lower incomes and the need for supportive services, special needs groups are more likely than the general population to encounter difficulty paying for adequate housing and often require enhanced community services. The groups discussed in this section include:

- the elderly;
- persons who are homeless;
- persons with developmental disabilities;
- persons with HIV/AIDS;
- persons with physical disabilities;
- persons with mental illness and substance abuse problems; and
- migrant agricultural workers.

A list of data sources used in assessing the needs of this population is provided at the end of the section.

Individuals with extremely low and very low incomes are also considered a special needs group by many policymakers and advocates. Because the needs of this group are given attention in other sections of this report, low income populations are not included here as a specific special needs group.

Introduction

Summary

- There were 743,000 elderly persons living in 494,000 households in Indiana in 2000. The majority of elderly in the state own their homes and lives somewhat independently. However, national estimates suggest that between 5,000 and 13,000 elderly households in Indiana live in housing that is in substandard condition. One-fourth of the elderly in the state are estimated to have a mobility of self-care limitation. With the total elderly population projected to grow to 781,000 by 2005 and 844,000 by 2010, the likely trend is for the magnitude of these needs to increase.
- A recent study of the homeless conducted in Indianapolis indicates that 12,500 to 15,000 people in the city experience homelessness during any one year. Applying these numbers to state population, it is estimated that nearly 100,000 Hoosiers experienced homelessness in 2000. Studies by the State Department of Health and for the Continuum of Care place the number of homeless people between 88,000 and 100,000. An even greater number of people – nearly 7 percent of the population or 400,000 individuals – are estimated to be at risk of homelessness. These individuals are forced to move in with friends or relatives or live in other temporary housing because of difficulties in finding housing of their own.
- According to a 2000 study, there are approximately 70,000 persons with developmental disabilities in Indiana. The trend in serving these individuals is to move away from institutional care towards small group homes and integrated community settings.
- According to the most recent data on HIV/AIDS populations, between 1,750 and 2,906 people living with HIV/AIDS in Indiana need housing, but there are currently only 93 subsidized units in the state targeted to such individuals. Persons with HIV/AIDS typically face a number of challenges in obtaining housing that meets their needs, including discrimination, requirements for health services, and the co-incidence of HIV/AIDS with substance abuse and mental illness.
- The total number of individuals with severe physical disabilities is estimated at between 240,00 and 590,000, depending on the definition of disability. Approximately 355,000 of the physically disabled in the state reside in non-entitlement areas. These individuals have access to various state and federal income and housing subsidy programs to support their housing needs, but these programs may not be adequate, depending on individual needs.

Introduction

- There are approximately 236,000 individuals with mental illnesses in Indiana, 55,000 of whom are low income and are the target of programs offered by the Division of Mental Health. The Division also serves an additional 26,000 people at any one time with substance abuse. Funding of housing programs and other resources for these individuals is weighted towards cities, making it likely that persons with mental illness or substance abuse problems face a housing shortage in the state's non-entitlement areas.
- The number of migrant agricultural workers in the state is estimated to range between 8,000 and 10,000. Although housing for these workers is historically provided by the growers, this housing is often overcrowded, with several families residing under one roof. Many of the existing housing units are of substandard quality and not well maintained. The housing needs of migrant agricultural workers are hard to quantify due to the lack of quantitative data. However, qualitative data indicate that the need for affordable quality housing is great.

The Elderly

Total Population

There were 742,856 persons aged 65 and older in Indiana in 2000, a 6.7 percent increase over the 1990 total of 695,945. The state's elderly population is projected to grow to over 781,000 people in 2005 and over 844,000 people in 2010. The elderly make up about 12 percent of the state's population currently; by 2010 this is expected to increase to 13.25 percent. Nationally, the elderly constituted 13 percent of the total population in 2000, but this share is projected to increase to 20 percent by 2030.

Housing the Elderly

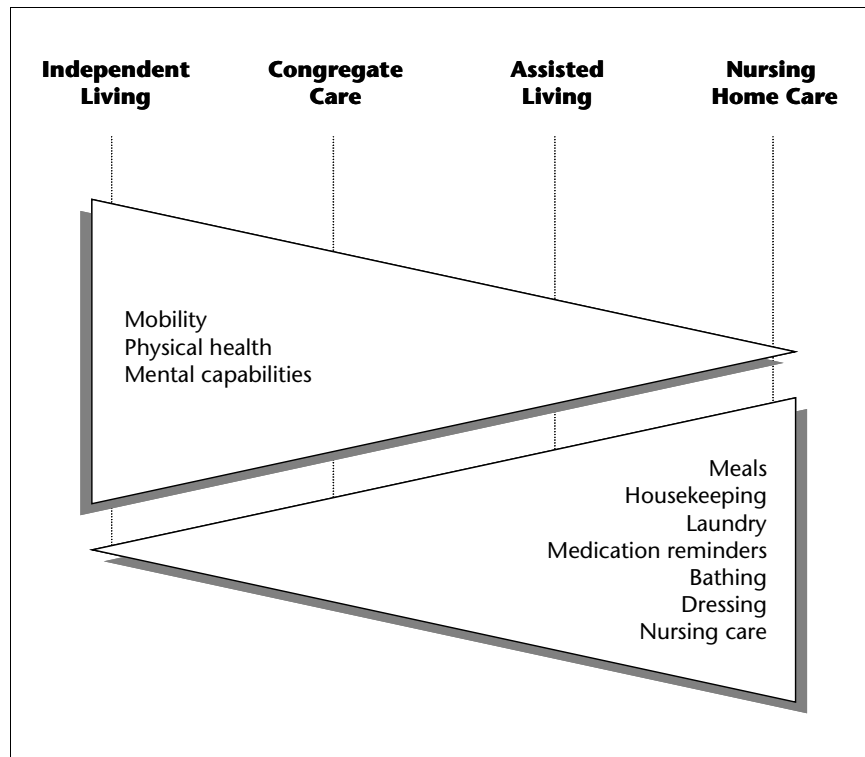
Elderly housing can best be described using a continuum of options, ranging from independent living situations to nursing homes with intensive medical and personal care support systems. Common steps along this housing continuum include the following:

- **Independent Living.** The elderly may live with relatives, on their own or in subsidized units.
- **Congregate Living.** Typically unsubsidized facilities that can be quite expensive for low and moderate income elderly. Normally, three meals per day are available, with at least one included in the monthly charge. Organized social activities are generally provided.
- **Assisted Living Facilities.** 24 hour non-nursing assistance, often including bathing, dressing, and medication reminders, is provided. These facilities are not medical in nature and typically do not accept Medicaid reimbursement; however, nursing care is sometimes provided through home health care services. These facilities can also be fairly expensive.
- **Nursing Home.** 24 hour nursing is provided. Nursing home services may be generalized or specialized (e.g., for Alzheimer's patients). Nursing homes are less medical intensive than hospitals and accept Medicaid reimbursement.
- Exhibit V-1 illustrates how services increase in relation to the restrictiveness of a living environment. Independent living is at one end of the continuum with little or no services provided. Skilled nursing care with comprehensive services is at the other end. The movement along the continuum is not always smooth and age is not always a factor in the level of care received. However, in most cases, the functional capabilities of an individual decline with age, which results in an increased need for services.

The Elderly

Exhibit V-1. Senior Housing Continuum

Source:
BBC Research & Consulting.



According to the 1990 Census, 78 percent of senior households in Indiana owned their homes in 1990 and were presumably at or near the independent end of the continuum. This was comparable to national statistics, which showed nearly 80 percent of older Americans owning their homes. However, just two-thirds of those over the age of 85 were nationally reported to be homeowners. This declining homeownership is indicative of both increasing needs for assisted living and difficulty supporting the burden of home ownership as individuals age.

There is an increasing likelihood that seniors, particularly women, will live alone as they age. This is due in large part to the longer life expectancies of women. In 1990, 33 percent of the non-institutionalized elderly in Indiana lived alone, including 41 percent of older women and 15 percent of older men. Nationwide, 60 percent of women over the age of 85 were likely to live alone, compared to 30 percent of women between the ages of 65 and 74 and 50 percent of women between the ages of 75 and 84. Although men are also more likely to live alone as they age, fewer of them live alone than women: 17 percent between the ages of 65 and 74, 20 percent between 75 and 84 and 30 percent over the age of 85 lived alone, according to the 1990 Census.

The Elderly

The National Center for Health Statistics reported that just four percent of the older population in the United States lived in nursing homes in 1997. The prevalence of nursing home residency increases consistently with age. For example, only 1.1 percent of those aged 65 to 74 lived in nursing homes in 1997, while 4.6 percent among those 75 to 84 and 19.2 percent of those 85 and over lived in nursing homes.

In most communities seniors prefer to stay in their own homes as long as they can. If they are nearby, family members can assist with basic care needs, which enables seniors to remain in their homes longer than they would otherwise. However, the increasing number of women who work full time and heavier work demands placed on many individuals in recent years has made family assistance more challenging.

Outstanding Need

Elderly individuals face a wide range of housing issues, including substandard housing, a need for modifications due to physical disabilities and lack of affordable housing.

HUD's 1996 Elderly Housing Report provides the latest data available on seniors living in housing in need of repair or rehabilitation. HUD reports that in 1995 six percent of seniors nationwide lived in housing that needed repair or rehabilitation. Among elderly in the Midwest alone, 2.6 percent of white households, 6.6 percent of Hispanic households and 12.4 percent of black households lived in housing with severe or moderate problems. Using the 2.6 and 6.6 percent estimates as bounds, between 5,000 and 13,000 elderly households in non-entitlement areas in Indiana were likely to live in substandard housing in 1999.

In addition to homes in need of repair, many seniors live in homes that need modifications to better serve physical disabilities or other limitations. In 1990, 15 percent of non-institutionalized elderly persons in Indiana reported that they had difficulties with mobility and 11 percent reported a self-care limitation (e.g., dressing, bathing, taking medication).

Compounding the needs some seniors face for repair or improvements are the small and/or fixed incomes they have available to make those changes. The elderly poverty rate in Indiana was 10.8 percent in 1989. Of the 70,000 elderly in poverty that year, three quarters were women aged 75 and over and two thirds lived alone. In 1999, over 140,000 elderly households had incomes of less than \$15,000 and an additional 101,000 had incomes ranging from \$15,000 to \$24,999. These numbers were projected to shrink to 125,000 and 76,000 respectively in 2004. Exhibit V-2 illustrates the historical and projected income distribution of elderly households in Indiana in 1990, 1999 and 2004.

The Elderly

Exhibit V-2.
Income Distributions of the State's Elderly

Households by Income	1990		1999		2004	
	Number	Percent	Number	Percent	Number	Percent
Householders 65 to 74 yrs	259,297		261,544		257,297	
Less than \$5,000	16,160	6%	14,860	6%	13,391	5%
\$5,000 to \$9,999	39,200	15%	24,603	9%	21,542	8%
\$10,000 to \$14,999	37,549	14%	23,958	9%	19,124	7%
\$15,000 to \$24,999	65,650	25%	55,608	21%	39,316	15%
\$25,000 to \$34,999	40,869	16%	33,768	13%	36,094	14%
\$35,000 to \$49,999	32,227	12%	42,170	16%	41,951	16%
\$50,000 to \$74,999	18,785	7%	39,945	15%	43,607	17%
\$75,000 to \$99,999	4,755	2%	14,747	6%	23,627	9%
\$100 and over	4,102	2%	11,885	5%	18,645	7%
Householders 75 yrs & over	190,988		232,460		253,765	
Less than \$5,000	17,763	9%	18,461	8%	17,961	7%
\$5,000 to \$9,999	47,764	25%	33,527	14%	31,413	12%
\$10,000 to \$14,999	32,507	17%	25,052	11%	22,033	9%
\$15,000 to \$24,999	40,761	21%	45,888	20%	36,875	15%
\$25,000 to \$34,999	21,854	11%	26,422	11%	32,257	13%
\$35,000 to \$49,999	16,116	8%	32,096	14%	36,770	14%
\$50,000 to \$74,999	9,729	5%	30,784	13%	38,954	15%
\$75,000 to \$99,999	2,389	1%	11,551	5%	21,514	8%
\$100 and over	2,105	1%	8,679	4%	15,988	6%

Note: All income levels are adjusted for inflation.

Source: PCensus and Applied Geographic Solutions.

Since most elderly have passed their peak earning years, wealth is also an important indicator of economic well being for this population. In 1995, the national median net wealth of elderly homeowners was \$141,300, while the median for elderly renters was only \$6,460.

Finally, an additional burden faced by elderly households is that nearly 20 percent had no vehicle available to them in 1990. Lack of access to a vehicle could severely limit mobility, unless adequate public transit is in place to serve the elderly.

The Elderly

Resources

Much of the senior housing in the state is privately provided. According to the most recent HUD report of U.S. Housing Market Conditions, the market for senior housing in Indiana is very strong. The American Seniors Housing Association's 2000 Construction Survey recently ranked Indiana in the Top10 for construction of senior housing.

Given the variety of housing options available to serve the elderly, and the fact that much of this housing is privately produced, it is difficult to assess the sufficiency of housing for the state's elderly households without undertaking a comprehensive market analysis. However, the same housing problems that exist for the elderly nationwide are also prevalent in Indiana. The most pressing issues for middle and high income elderly in the U.S. are finding facilities located in areas they prefer with access to public transit and other needed community services. For low income elderly, the most difficult issue is finding affordable housing with an adequate level of care.

Numerous federal programs, although not targeted specifically to the elderly, can be used to produce or subsidize affordable elderly housing. These include CDBG, HOME, Section 8, and public housing. There are also several federal programs targeted specifically at the elderly. Although many of these programs are meant to serve a great need in the U.S. – housing the low income elderly– they often fall short in providing adequate care and other needed services. A description of the programs widely available to the elderly in the state, along with the utilization of the programs, follows.

Section 202 is a federal program that subsidizes the development of affordable housing units specifically for elderly. The program might also provide rental subsidies for the housing developments to help make their affordable to their tenants. The developments often provide supportive services such as meals, transportation, and accommodations for physical disabilities. The units are targeted to very low income elderly and the disabled. The Section 202 program has supported over 350,000 units nationwide since 1959. Two of the more recent Section 202 developments in Indiana include a 60 unit independent living facility in Muncie and a 23 unit independent living facility in Marion.

The Home Equity Conversion Mortgage Program (HECM) supports repair, rehabilitation and on-going needs of individuals by allowing elderly homeowners to recapture some of the equity they have in their homes through reverse mortgage programs. Individuals who own their homes free and clear, or have very low outstanding balances on their mortgages, are eligible for the program as long as they live in their homes. According to the most recent HUD data, as of September 30, 1996, over 16,000 HECM loans had been made nationwide. The five states where the program has been used the most include California, New York, Illinois, Colorado and New Jersey. A 1995 HUD evaluation of the program found that six out of ten loans were made to females living alone; three-fourths of the borrowers had no children; and the median income of borrowers was well below that of all elderly homeowners.

The Elderly

There are 28 entities in the state of Indiana that were HUD approved mortgage counselors for the HECM program and seven lenders that were HUD approved. The counseling agencies have offices throughout the state and are generally accessible to most citizens. The lenders are located in Indianapolis, Carmel, Granger, and Fort Wayne, which could limit access to the program for some elderly individuals.

The United States Department of Agriculture, through its Rural Housing Service, offers loans with very favorable repayment terms (currently one percent with a 20 year term) to very low income rural residents with housing repair needs. Grants up to \$7,500 are also available for very low income rural residents who are 62 years and older and do not have sufficient funds to repay the rehabilitation loans offered.

Another important federal support for elderly housing is the Medicaid program. Typically, Medicaid is used to pay for room and board in nursing homes or other institutional settings. States can seek approval from the Health Care Financing Administration (HCFA) to allow Medicaid to be applied to in-home services and services (but not rents) of assisted living facilities. Currently in Indiana, Medicaid can be used for in-home services for the elderly and disabled (in cases where without the services, an individual would need to be institutionalized). Medicaid waivers can also be used to pay for “environmental modifications” to the homes of elderly or disabled individuals. The state is waiting for approval from HCFA to be able to use Medicaid for assisted living services.

When Medicaid is used for these services, states are required to supplement a portion of the costs. Many states, therefore, limit the number of recipients eligible for services through Medicaid waivers. In Indiana, no more than 2,500 elderly or disabled individuals can be enrolled in the Medicaid waiver program. According to the Family and Social Services Administration (FSSA), the entity that manages the program, there is a definite need for more waiver “slots.”

Individuals apply for a Medicaid waiver through their local Area Agency on Aging offices, Vocational Rehabilitation offices, Bureau of Development Disabilities Services field offices, and/or Division of Family and Children offices. The lifetime cap for use of Medicaid waivers is currently \$10,000 for disabled individuals and \$5,000 for the elderly.

Finally, the State of Indiana offers a home health care program (Community and Home Options to Institutional Care for the Elderly and Disabled, or CHOICE) that provides a variety of in-home services to the elderly, including minor home modifications. The goal of the program is to enable the elderly to live independently. Similar to the Medicaid waivers, individuals apply for the program through Area Agencies on Aging. (In fact, the state has combined funding from the various state and federal programs that fund services for the elderly and disabled into a bundled program that provides “one stop shopping” for the elderly and disabled). There is currently a \$5,000 lifetime limit for Medicaid funding of CHOICE services for the elderly.

The Elderly

The original projections of the use of the CHOICE program were far exceeded. Between 1990 and 1995, the number directly served by CHOICE increased by more than 30 percent per year. There is currently a waiting list for the services.

A mid-1990s analysis of CHOICE beneficiaries found that more than three-fourths of those served were elderly; one-fourth were persons with disabilities. Individuals 85 and older accounted for one-fourth of all CHOICE beneficiaries. Most CHOICE recipients lived alone and had incomes of less than \$10,000 per year.

In addition to the programs mentioned above, IHFA is considering developing an owner-occupied home modification program. The program could be used for home improvement loans for elderly and disabled individuals. IHFA staff recently visited a group in Fort Wayne that currently administers a similar program. The authority hopes to implement such a program between 2002 and 2004.

Persons who are Homeless

Definition

The Stewart B. McKinney Homelessness Act defines a person who is homeless as “one who lacks a fixed permanent nighttime residence or whose nighttime residence is a temporary shelter, welfare hotel or any public or private place not designed as sleeping accommodations for human beings.” It is important to note that this definition includes those who move in with friends or relatives on a temporary basis as well as the more visible homeless in shelters or on the street.

Total Population

Estimating the number of homeless on a nationwide, statewide or even local level, is challenging because of the varying types of homelessness and difficulties in locating the population. For example, an individual living with friends on a temporary basis can be considered homeless but would be unlikely to be considered in a homeless count.

The most recent and comprehensive count of homelessness in the state was conducted in Indianapolis during 2000 by the Coalition for Homelessness Intervention and Prevention (CHIP). The survey found that an estimated 12,500 to 15,000 people in Indianapolis experience homelessness during one year. If this incidence of homelessness is applied statewide, approximately 100,000 Hoosiers have been homeless over one year. The State Continuum of Care application estimated a total of 88,000 persons who are homeless in the state. This number is lower because it is a point in time count, which differs from the “over the year” estimate from the CHIP survey. The Continuum estimated a need for 29,030 beds/units for homeless persons in Indiana, which exceeds the current supply by nearly 22,000.

Another way to estimate homelessness is based on the number of homeless served by state and local assistance. The Family and Social Services Agency (FSSA) reported serving an unduplicated count of 20,170 homeless during the FY 1998-99. These estimates far exceed the U.S. Bureau of the Census’ 1990 shelter and street night (“S-night”) count of 2,251 homeless persons in emergency shelters and 268 visible in street locations in all major cities in Indiana.

Bruce Link, a psychiatric epidemiologist at Columbia, has estimated that 5.2 percent of the total U.S. population (13.5 million people) has spent time in shelters, abandoned buildings, and depots or on the streets and another 4.8 percent (12.5 million) has lived with relatives or friends. His methodology uses a combination of street counts and surveys (both in person and telephone) to access the percentage of the population that has ever experienced homelessness. The table in Exhibit V-3 illustrates the results of applying those estimates to Indiana’s population.

Persons who are Homeless

Exhibit V-3. Incidence of Homelessness

Source:
BBC estimate using results
of study by Dr. Bruce Link.

Area	Homeless in the Past (5.2%)	Lived with Friends or Relatives (4.8%)
Indiana	309,000	285,000
Non-Entitlement Communities	187,000	173,000

When assessing the extent of homelessness in non-entitlement areas, it is important to note the degree to which it may be hidden. That is, in areas where there are limited social service providers, it might be more common for those at risk of homelessness to move in with friends and relatives rather than to seek local services or housing at a shelter. Furthermore, when individuals have exhausted all other alternatives, they are likely to move to larger cities with institutional supports such as homeless shelters and soup kitchens. This progression makes it difficult to detect the extent of homelessness in non-entitlement areas.

The study conducted by CHIP further illustrates this point. It found that only two percent of the general population said they would go to a shelter or the street if they lost their home, which implies that 98 percent of people considered homeless by definition are not in shelters or on the street. The study also indicated that over 110,000 (or about 7 percent of the population) Indianapolis residents were temporarily homeless and relying on relatives for housing in the past year. If this figure is applied to statewide population statistics, approximately 400,000 Indiana residents defined as “homeless” were staying with friends or relatives at one point over the year, and, as such, were considered “hidden homeless.”

Characteristics of the Homeless

While the only consistent characteristic of the homeless is the lack of a permanent place to sleep, there are a number of sub-groups that are typically part of the homeless population. These include the following:

- **HIV/AIDS.** National estimates place the proportion of homeless persons who are HIV positive at 15 percent. Other estimates place the total at between one and seven percent. Providers of HIV/AIDS services in Indiana believe the actual count is close to the national figure.
- **Substance Abuse.** A recent HUD report found that 31 percent of homeless individuals who contact shelters, food pantries or other assistance providers have an alcohol problem, 19 percent have a drug problem and seven percent have both.

Persons who are Homeless

Applying these percentages to the estimate of the 100,000 homeless persons in the state during any one year results in a total of approximately 60,000 homeless individuals with substance abuse problems.

- **Mentally Ill.** CHIP's Indianapolis study indicated that approximately 30 percent of the single adult homeless population suffers from some form of severe and persistent mental illness. Using the above estimate of 100,000 homeless persons in Indiana over the course of a year, this would indicate that approximately 30,000 of those individuals have a mental illness.

At Risk of Homelessness

In addition to those who have experienced homelessness in the past or who show up on a point in time estimate of current homelessness, it is important to note the size of the population that is at risk of future homelessness.

An important factor in considering the number of households at risk for homelessness is that more than 30,000 Section 8 units are expiring over the next five years in Indiana. According to the most recent statistics, nationally, less than 10 percent of owners of expiring units have opted out, indicating that the state could potentially lose 3,000 units of affordable housing over the five year time period. The residents of those units that are no longer available will receive vouchers to obtain another unit. While vouchers have some advantages in that they allow recipients to move into areas of less concentrated poverty, mismatches between the amount of subsidy provided through vouchers and actual market rents can also increase the cost burden placed on residents. Furthermore, vouchers do not guarantee adequate housing if the supply of units that accept vouchers is lacking. In many cases in Indiana, the subsidized rents of expiring use properties have been higher than local market rents. Although the outcomes of the expiring use conversions are property specific, conversions may provide tenants with opportunities for lower rents or units that better meet their needs.

The Indianapolis homeless study conducted by CHIP found that 69,000 Indianapolis residents reported that they were in danger of becoming homeless in the past year. Applying this number to statewide population data, it is estimated that over 550,000 (or about 9 percent) Indiana residents may have been in danger of becoming homeless in the past year.

Outstanding Need

State shelters support a total of 2,232 beds/units for individuals and 5,074 for persons in families with children. As seen in Exhibit V-4, this total still leaves unmet needs for all types of housing, totaling 6,365 beds/units needed for individuals and 15,427 beds/units for persons in families with children. Both families and individuals make up the homeless population. The 2000 Continuum of Care application estimated a need for a total of 8,597 beds/units for individuals and 20,433 beds/units for persons in families with children.

Persons who are Homeless

**Exhibit V-4.
Outstanding Needs,
Housing for Persons
who are Homeless**

Source:
2000 Continuum of Care
Application, p. 23.

	Estimated Need	Current Inventory	Unmet Need
Individuals			
Emergency Shelter	2,425	564	1,868
Transitional Housing	1,756	407	1,364
Permanent Supportive Housing	4,408	1,247	3,191
Total	8,589	2,218	6,423
Persons in Families with Children			
Emergency Shelter	2,009	402	1,664
Transitional Housing	1,280	606	695
Permanent Supportive Housing	17,555	4,044	13,542
Total	20,844	5,052	15,901

Of the unmet needs illustrated above, the Continuum of Care highlights transitional housing as the highest priority. This is followed by permanent housing and emergency shelter beds/units among housing needs. For supportive services, housing placement services were identified as the greatest need.

The State's Continuum of Care notes that, despite outstanding needs, many small communities do not even apply for RFPs or NOFAs because they reportedly find the process somewhat intimidating. This suggests that enhancement of supportive, capacity building services should accompany direct housing funding in strategies to improve the services the state delivers to the homeless population.

The following exhibit summarizes the needs of persons who are homeless by subpopulation, for the state's non-entitlement areas.

Persons who are Homeless

Exhibit V-5. Priority Needs of the Homeless

Part 1. Homeless Populations	Total Number		Total Number Served By		
	Homeless (a+c+d)	Homeless Unsheltered (a)	Reception Day Center (b)	Emergency Shelters (c)	Transitional Housing (d)
Families with Children	4,622			805	1,015
1. Homeless Families	4,622	NA	NA	NA	NA
2. Persons in Homeless Families	10,168	NA	NA	NA	NA
Individuals not in Families	26,190			835	249
3. Youth (17 years or younger)	NA	NA	NA	NA	NA
4. Adults (18 years or older)	NA	NA	NA	NA	NA
Total	30,812	NA	NA	1,640	1,264
Part 2. Homeless Subpopulations	Percent of Total		Number		
Service Needs Related to:					
1. Severe Mental Illness (SMI) Only	39%		12,017		
2. Alcohol/Other Drug Abuse Only	19% - 31%		5,854 - 9,552		
3. SMI and Alcohol/Other Drug Abuse	50%		15,406		
4. Domestic Violence	14%		4,314		
5. AIDS/Related Diseases	15%		4,622		
6. Other (specify)					

Note: NA indicates that recent information is not available.

Source: FSSA estimate of the homeless population in non-entitlement areas;
HUD national statistics on homeless subpopulations.

Resources

Indiana's strategy for meeting homeless needs includes outreach/intake/assessment, emergency shelters, transitional housing, permanent housing and supportive services. The state employs a number of resources to support this strategy, including state agencies, Regional Planning Commissions, County Welfare Planning Councils, Local Continuum of Care Task Forces, County Step Ahead Councils, HOPWA Regional Allocation Committees, municipal governments, and others.

The Indiana Housing and Homeless Coalition (ICHHI) has been working on behalf of the state to strengthen the state's continuum of care system. Although the state has the elements of the continuum at some level, gaps exist in the system. These gaps vary among regions. Some areas of the state have had continuum of care networks in place for some time and, as a result, have well coordinated referral and service provider systems. Other areas might have one or two service providers operating independently and serving a large area of need.

Persons who are Homeless

The State Consolidated Plan Coordinating Committee formed a Continuum of Care Subcommittee in 2000, largely to address the gaps in the state's continuum of care system. The Subcommittee has begun cultivating regional continuum of care networks through monthly organizational conference calls; a statewide training conference is planned for spring 2001. The ultimate goal of this effort will be for the regional continuums to plan, identify needs, propose solutions, and apply for funding as an organized network of providers. This should lead to a more efficient and stronger continuum of care system throughout the state.

For the past several years, ICHHI, on behalf of the state, has applied for HUD funding for continuum of care projects. In 2000, the state was awarded about \$5 million for continuum of care projects, including transitional housing, domestic violence shelters, and housing for special needs populations. In addition to the Continuum of Care funding, IHFA has a goal of dedicating \$3 million annually for the development, construction, and/or rehabilitation of emergency shelters, transitional housing and youth shelters. (In 2000, this goal was exceeded: more than \$3.25 million was allocated to shelters and transitional housing). The State Department of Health currently administers HOPWA funds, but this responsibility will be transferred to the Indiana Housing Finance Authority in July 2001. Although these funds are allocated each year based on regional needs, a large percentage generally fund transitional housing programs and shelters. IDOC also provides planning grants and infrastructure funds to homeless assistance providers. FSSA administers the Emergency Shelter Grant (ESG) program, which funds emergency shelter and transitional services in shelters throughout the state. These and other resources have helped support a network of shelters and assistance providers throughout the state.

Persons with Developmental Disabilities

Definition

According to the Indiana Governor's Planning Council for People with Disabilities' *Three Year State Plan for People with Disabilities*, three conditions govern whether a person in Indiana is considered to have a developmental disability:

- three substantial limitations out of the following categories: self-care, receptive and expressive language, learning, mobility, self-direction, capacity of independent living and economic self-sufficiency;
- onset of these conditions prior to the age of 22; and
- a condition that is likely to continue indefinitely.

Total Population

The Association of Rehabilitation Facilities of Indiana's 2000 Assessment of Developmental Disabilities Services estimates that 70,787 people in Indiana, or 1.2 percent of the State's population had developmental disabilities in 2000. (This is almost twice as high as previous estimates of the number of persons with disabilities. In 1995, the Governor's Council for People with Disabilities estimated the number to be .8 percent of the population, or about 48,000). Based on the 1.2 percent assumption, the total number of people in Indiana that have developmental disabilities is projected to grow to 74,055 in 2005. Approximately 65 percent of the 70,787 people with disabilities had some degree of mental retardation, 9 percent had cerebral palsy, 17 percent had epilepsy and 10 percent had other physical and mental ailments including autism.

Outstanding Need

There are a number of methods of estimating the outstanding need for services for the developmentally disabled in Indiana. Conservative estimates place the number of adults in need of services at 50 percent of the entire developmentally disabled population. With more than 70,000 persons with developmental disabilities in Indiana in 2000, greater than 35,000 of these would have needed services. According to the Governor's Council on People with Disabilities, 11,130 are currently receiving services, meaning that 23,870 of those who were estimated to need services did not receive them in 2000.

A more conservative estimate can be reached by examining the waiting lists for various types of services. In 1998 Governor O'Bannon's "317 Task Force" of consumers, advocates and state officials determined that 6,000 Indiana residents with developmental disabilities were awaiting services. A 1997 report by ARC/United States showed that 2,067 persons in Indiana awaited residential programs (there was no report on the number of persons awaiting day programs).

Persons with Developmental Disabilities

When considering future need it is important to note that the families of persons with developmental disabilities are aging. Approximately 30 percent are 60 years and older and 40 percent are 40 years and older. As these primary caregivers become less able to care for their family members with developmental disabilities, alternative housing options will be needed. This could cause the needs for housing and other community resources to increase significantly in the next 10 to 15 years.

Resources

There are a wide variety of housing options for persons with developmental disabilities in Indiana. These range from highly structured, institutionalized care to living in a community with various supportive services. In 2000, 57 percent of Indiana's developmentally disabled lived with a family caregiver, 14 percent lived with a spouse, 13 percent lived alone and 16 percent were housed in a residential facility (state facility, private, nursing home or boarding home).

The primary categories of options provided by the state are as follows:

- Intensive Care Facilities for the Mentally Retarded (ICF/MRs) are large facilities or small group homes that provide intensive support services. A subset of these are Supervised Group Living (SGL) arrangements that provide 24 hour supervision overseen by paid staff in a home-like setting, which is often a single family dwelling. Medicaid funding for State institutions totaled \$72.5 million, and Medicaid funding for small group homes totaled \$244.7 million in 2000.
- The 1998 and 1999 closures of New Castle Developmental Center and Northern Indiana State Developmental Center leaves the State with two large developmental disability centers (Ft. Wayne and Muscatatuck) and three specialized hospital units (Madison, Logansport and Evansville) to cater to the needs of people with developmental disabilities. These facilities served an average daily population of 782 in 2000 (down from 1,219 1996). Over \$200 million in Medicaid funding is allocated annually to meet the needs of the people in various large congregate settings (including state hospitals and private facilities).
- Nursing facilities are long-term health care facilities providing in-patient care and nursing services, restoration and rehabilitative care and assistance meeting daily living needs. Nursing facilities in Indiana served 1,933 individuals with mental retardation and related conditions in 2000.
- As the State has increasingly shifted away from institutional settings for the developmentally disabled in Indiana, the number of individuals served in smaller settings of six or fewer people (group homes, supervised apartments and supported living settings) has increased. In 2000, 4,826 of the total 11,130 persons served resided in settings for six or fewer persons. This represents a fifty percent increase from 1996 numbers (3,217). The

Persons with Developmental Disabilities

largest number of persons served in settings for six or fewer persons in 2000 resided in apartments and group homes (2,215), followed by supported living and personal assistance (1,100).

- The Semi-independent Living Program (SILP) provides supportive services to clients with mental illness and developmental disabilities who require a range of services to live in their own homes. Capacity for the program was 70 in 1985 but has grown to 1,200 as of fiscal year 1995.
- The Alternative Family Program (AF) “is a therapeutic foster care program serving children and adults.” The program aims to allow individuals to live in the least restrictive environment possible given their functional abilities. Approximately 500 persons receive residential care under this program. According to a task force report, 1,736 people received individualized SILP and AF subsidies in 1998 at a cost to the state of \$13.8 million.
- Family Subsidy is a program that provides family support and respite services to individuals who are at risk of placement outside of the home without such services. There were 25 providers of such services in the state in 1997, and state appropriations have totaled approximately \$500,000 per year as of 1996. In May 1998, 1,249 individuals with disabilities received respite care at a cost of \$1.4 million.

In addition to the facilities outlined above, a number of other types of supports are available to individuals with developmental disabilities. These include:

- SSI, a federal income support program available to people who have disabilities and limited income and resources. The program provided up to \$494/month for eligible single people in 1998.
- Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) is a state funded program that supports the elderly and people with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). The goal of the program is to enable the elderly and disabled to live as independently as possible. Up to \$10,000 of Medicaid dollars can be used for CHOICE in-home service and home modifications under the waiver program. The original projections of the use of the CHOICE program were far exceeded. Between 1990 and 1995, the number directly served by CHOICE increased by more than 30 percent per year. There is currently a waiting list for the services. A mid-1990s analysis of CHOICE beneficiaries found that one-fourth of individuals in the program was persons with disabilities.

Persons with Developmental Disabilities

- The Home and Community Based Services (HCBS) program makes Medicaid waivers available for medical services in non-institutional environments. They cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. In 2000, 2,069 Hoosiers with developmental disabilities were helped through the HCBS program.
- The U.S. Department of Housing and Urban Development's Section 811 program provides grants to nonprofit organizations to develop or rehabilitate rental housing. Nonprofit developers of such housing are granted interest free capital advances and rental assistance. The goal of the program is to increase the supply of rental housing with supportive services for people with disabilities, allowing them to live independently. The target population of the Section 811 program is very low income individuals with physical or developmental disabilities who are between the ages of 18 and 62.
- CDBG and HOME funds can also be used to support the development of new housing, the construction of group homes, and provide rental assistance for people with disabilities.
- The HomeChoice Program, offered by Fannie Mae and administered by housing finance authorities (including IHFA), offers conventional mortgage loan underwriting tailored to meet the needs of people with disabilities.
- Medicaid is used to support nursing home care and expenses of other institutional environments.

Finally, before ending its term, the Clinton Administration announced three new initiatives aimed at providing people with disabilities more opportunities for home and community based care. The initiatives involve:

- Dedicating \$19.5 million to a pilot program that will provide housing and support systems (e.g., Section 8 vouchers) to move individuals with disabilities from institutions into community care settings. The program will also encourage other public and private entities to dedicate more resources to the effort;
- Promoting homeownership through issuance of 10,000 FHA-approved mortgages with more flexible underwriting criteria to people with disabilities; and
- Allowing "income disregards" in certain programs, which enables persons with disabilities to increase their incomes for a period of time without having to pay more for housing.

Persons with Developmental Disabilities

The catalyst for the initiatives was the recent U.S. Supreme Court ruling (*Olmstead v. L.C.*), which involved two mentally disabled women who sought placement in community care rather than being institutionalized at a psychiatric unit. The Court ruled that under the American with Disabilities Act, states are required to place individuals with disabilities in community settings rather than in institutions when it has been determined that community settings are appropriate and can be reasonably accommodated.

As a result of the ruling, many states are reevaluating their approach to housing individuals with disabilities. The ruling could potentially lead to a significant movement of persons with disabilities from institutions into community settings. A critical need for people moving out of institutions is finding an alternative place to live. In many communities, the rent burden for people with disabilities moving from institutional settings would be more than 50 percent of their monthly SSI benefit. Section 8 tenant-based vouchers remain the primary mainstream resource available for housing people with disabilities and will likely continue to be a critical source of housing subsidies as housing is institutionalized.

In Indiana, the nationwide and statewide trend away from institutionalized care and toward smaller, more flexible service provision has made for a redirection in the allocation of spending for the needs of persons with developmental disabilities. If Indiana's state institutional spending trend during 1994-1998 had continued through 1999 and 2000, spending would have been \$105.7 million in 1999 and \$101.2 million in 2000. With institutional closures and a general move toward alternative methods of care, actual spending on institutions was substantially lower - \$78.5 million in 1999 and \$59.5 million in 2000. The savings attributed to these closures amounted to \$68.9 million over the past two years. These funds are now allocated to group homes, supervised apartments, supported living settings and programs designed to aid the developmentally disabled living alone or with family members.

Persons with HIV/AIDS

Total Population

As of October 2000, the Indiana State Department of Health reported a cumulative total of 3,408 HIV cases (that have not progressed to AIDS) and 5,987 AIDS cases. The cumulative number of deaths due to HIV/AIDS totaled 3,584, meaning that, given equal in and out migration, there would have been approximately 5,811 active HIV/AIDS cases in the state in 2000. However, due to individuals failing to be tested for AIDS and individuals who have tested positive but have not received follow up services, these estimates probably underestimate the actual number of HIV/AIDS cases in the state. Across the state, 90 percent of persons with AIDS were male, compared to 49 percent of the population as a whole. In addition to males, blacks and Hispanics were also disproportionately more likely to have the disease.

Outstanding Need

Providers of services to people with HIV/AIDS estimate that between 30 and 50 percent of the number of people with HIV/AIDS need housing. This estimate translates into a need of housing for 1,743 and 2,906 people living with HIV/AIDS in Indiana. According to the advocacy group AIDS Housing of Washington, 65 percent of people living with HIV/AIDS nationwide cite stable housing as their greatest need next to healthcare. The organization also estimates that one-third to one-half of people living with AIDS are either homeless or in imminent danger of losing their homes.

In 1997, AIDServe Indiana conducted a statewide HIV/AIDS Housing Needs Assessment. This report, which contains the most recent comprehensive data available on meeting the housing needs of the HIV/AIDS population, divided the state into twelve geographic service areas. Each geographic service area was ranked according to how the area met the housing needs of persons with HIV/AIDS. The three areas of the state identified as the areas with the greatest unmet housing needs for persons with HIV/AIDS were the Northwest, Southwest and West Central portions of the State.

In considering the housing needs of persons with HIV/AIDS in Indiana, the demand far exceeds the supply. The twelve geographic areas broken down in the 1997 Indiana Cares study can be consolidated into three regions – the Northern part of the state, which currently has 46 units housing persons with HIV/AIDS, the Southern part of the state, which has 24 units and the Central part of the state, which has 22 units. Overall estimates of the net housing units needed range from a low of nearly 1,750 to a high of over 2,900 (derived using 50 percent of the total HIV/AIDS population to estimate the housing need).

Currently, the State faces an outstanding need of over 1,600 housing units for persons with HIV and AIDS. Surveys indicate that among persons living with HIV/AIDS, most desire to live in houses or apartments in complexes with 21 units or less. The most desired types of housing subsidies are mortgage or rental assistance, followed by subsidized housing and units with some supportive services.

Persons with HIV/AIDS

Barriers to Housing

In addition to living with their illness and inadequate housing situations, persons with HIV and AIDS in need of housing face a number of barriers, including discrimination, housing availability, transportation and housing affordability. The co-incidence of other special needs problems with HIV/AIDS can make some individuals even more difficult to house. For example, an estimated 20 percent of people currently living with HIV/AIDS currently use or abuse substances other than their own prescription medicine, and 36 percent have abused substances in the past but do not do so currently. The incidence of mental illness among the HIV/AIDS community is also high. Approximately 17 percent of people currently living with HIV/AIDS have some mental illness; five percent have AIDS related dementia. Because of frequent concurrence of substance abuse and mental illness with HIV/AIDS, housing providers find many of these people in need difficult to serve.

The capacities of various service providers have become a concern, especially during this period of transition. In the absence of services formerly provided by AIDServe Indiana, it has become increasingly difficult to provide service to the growing HIV/AIDS population. A recent capacity assessment undertaken by AIDServe found that nine of their 12 service regions of the state had insufficient organizational capacity (funding levels, experience developing housing, etc.) to effectively produce housing.

Resources

The primary source of funding for HIV/AIDS housing is the Housing Opportunities for People with AIDS (HOPWA) program, which allocated a total of \$654,000 to Indiana in 2000. These funds are available for use as rental subsidies, as well as a number of programs for persons with HIV and AIDS, such as utility assistance and emergency medicine. In 2000, HOPWA's Tenant-Based Rental Assistance (TBRA) program provided assistance for 93 housing units in Indiana specifically targeted to people with HIV/AIDS. To the extent that persons with HIV/AIDS qualify, they are also able access the state's general supply of affordable and subsidized housing.

In the past 10 years, HOPWA funds have been administered by AIDServe, Indiana. Clients use these funds for rent subsidies, utilities, phone service and emergency medicine. AIDServe is no longer operating in the state. The Indiana State Department of Health (ISDH) has assumed the administration of HOPWA funds. During this time of transition, only rent subsidies are available. In December 2000, ISDH began working with the Indiana Housing and Finance Authority (IHFA) to facilitate back-payment and current payment to landlords renting to tenants in the program. ISDH hopes to begin administering other services (such as utility assistance and emergency medicine) with HOPWA funds in the future, when resources and support are more readily available.

Persons with HIV/AIDS

The U.S. Department of Housing and Urban Development (HUD) recently completed a nationwide evaluation of the HOPWA program. The evaluation reports that HOPWA dollars reach just one-sixth of the people living with AIDS in the U.S. According to the report, those individuals that are receiving HOPWA assistance are greatly benefited. The program mostly serves low and very low income persons living with HIV/AIDS, who often suffer from mental illness, substance abuse, or other burdens. The evaluation found that the program's flexibility is important for addressing client's housing needs and that clients are very satisfied with the housing that they are receiving. The evaluation also found that most HOPWA programs are being integrated into other continuum of care systems and that HOPWA dollars are being matched with other government and private sources.

Persons with Physical Disabilities

Total Population

Estimates of the total population in Indiana with physical disabilities vary according to the definition of disability. The U.S. Census defines a person with a disability as a person who has *difficulty* performing activities of daily living or certain functions (such as seeing, hearing, walking, climbing stairs or lifting). A person is considered to have a “severe disability” if they are *unable* to perform one or more activities, use an assistive device to get around, or need assistance from another person to perform basic activities. According to the U.S. Census Brief on Disabilities, 9.9 percent of the population is said to suffer from a severe disability. The estimate increases to 20.6 percent when using functional disabilities as the definition.

The lowest estimate, 9.9 percent of the population, is based on the Census definition of a disability consisting of a mobility or self-care limitation. Using this estimate, 591,000 individuals in Indiana would have had a severe physical disability in 2000. Considering that approximately 60 percent of the state population resides in non-entitlement areas, it can be estimated that 355,000 Indiana residents in non-entitlement areas currently suffer from a severe physical disability. Chances of having a disability increase with age. National numbers from the U.S. Census indicate that people over the age of 65 comprise 43 percent of people with severe disabilities.

A second estimate can be derived by using a work disability as the operating definition. A work disability is defined as either (1) a limitation in the kind or amount of work a person can do (non-severe work disability), or (2) a condition preventing a person from working a job (severe work disability). Using this definition, an estimated, 7.9 percent of Indiana’s population had a disability in 1990, with 4.03 percent reporting severe work disabilities and 3.87 percent classifying their disability as non-severe. Applying this percentage to Indiana’s 2000 population results in a total of 241,000 persons with severe work disabilities in the state.

Outstanding Need

The Governor’s Planning Council conducted a consumer survey of nearly 1,400 disabled Indiana residents and held various focus groups with representatives from nonprofit organizations and advocacy groups as part of their *Five Year State Plan for People with Disabilities* (2001 – 2005). Through their research, they identified the following “key issues” for physically disabled Indiana residents:

- **Home and Community-Based Services.** Physically disabled Indiana residents believe that services delivered to their homes and places of work provide the greatest benefit, and desire more options and greater investment in the implementation of such services.

Persons with Physical Disabilities

- **Waiting Lists.** Currently, thousands of physically disabled Hoosiers are waiting for home and community-based care services. According to the Governor's Planning Council Report, "The issue is not just that waiting is hard, but many people's conditions deteriorate while they are waiting for services."
- **Full Utilization of Vocational Rehabilitation Services Funds.** Physically disabled Indiana residents responding to the survey indicated that they perceive an underutilization of available Vocational Rehabilitation Services programs.

Resources

Given the wide range of housing needs of individuals with disabilities, it is difficult to assess the total housing resources available to them. One indication of total resources is a housing survey recently conducted by Marion County. The survey found that one third of all apartment complexes in the County has accessible units. It is unclear whether this percentage would continue to be accurate in non-entitlement areas in the state. However, since non-entitlement areas have a lower percentage of housing stock that is multi-family, it is likely that the number of accessible units is more limited in these areas. Additionally, without a specific count of people with disabilities in Marion County or a total count of apartments in the County, in addition to the measure of the quality of these units, it is impossible to assess whether these units meet the outstanding need.

Many of the programs (including CDBG and HOME) available to persons with developmental disabilities are also available to persons with physical disabilities. It should also be noted that the individuals have access to the following supportive programs to help meet their housing needs:

- SSI, a federal income support program that is available to people who have disabilities and limited income and resources; it provided up to \$494/month for eligible single people in 1998.
- Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE), a state funded program that supports the elderly and people with disabilities. It can cover financial assistance for home modifications and various in-home supports (e.g., personal attendant care). In 1998, approximately 1,800 physically disabled Indiana residents received CHOICE funds (18 percent of the total number of CHOICE fund recipients).
- Medicaid services, which are available to individuals in nursing homes or hospital care. Medicaid waivers make Medicaid available for home and community based services. They cannot be used to cover the cost of housing, although up to \$10,000 can be used for environmental modifications. In 1999, 71,682 physically disabled Indiana residents received over \$100 million in Medicaid funds, a 2 percent decrease from 1998. (See the section in this chapter on the Elderly for a discussion of the underutilization of Medicaid).

Persons with Mental Illness and Substance Abuse

Total Population

It is appropriate to consider persons with mental illness and those with substance abuse problems together, because Indiana uses one system to serve both of these populations. Most recent estimates developed by the state's Division of Mental Health place the mentally ill population in Indiana at approximately 236,831. A recent actuarial study estimates the target population for state services (i.e., the poorest and least able to secure services) at 55,000.

It is estimated that .43 percent of Indiana's population are substance abuse clients in specialty treatment units on any given day. Given the 2000 state population of approximately six million people, this would result in a daily total of 26,144 substance abuse clients.

If the prevalence of mental illness and substance abuse were the same in the non-entitlement areas as the state as a whole, they would be home to approximately 145,000 people with mental illnesses (42,000 of whom were part of the state's target population) and 16,000 substance abuse clients.

Outstanding Need

One method of determining the outstanding need among persons with mental illness in the State is to compare the current availability of supportive services slots with the current need. At this time, there are currently 1,335 supportive services slots for individuals in Indiana, 291 less than the estimated need of 1,626. For families in need of supportive services, a current demand of 900 slots exists, exceeding the supply of 810 by 90. Persons with serious mental illness face an even bigger gap between need and availability for their services. While an estimated 616 supportive services slots exist for individuals and 78 for families, approximately 955 slots are needed for individuals and 339 for families – creating an outstanding need of 616 for individuals and 282 for families.

Another estimate of the housing need for individuals with mental illness is provided by CHIP's Indianapolis homeless study. The survey indicated that approximately 30 percent of the single adult homeless population suffers from some form of severe and persistent mental illness. Using the estimate of 100,000 homeless persons in Indiana over the course of a year, this would indicate that approximately 30,000 of those individuals have a mental illness.

It is estimated that there are 97.5 beds available for substance abuse treatment per 100,000 people in the United States. Given this estimate, Indiana would have 5,829 total beds. The state has a daily total of nearly 28,000 individuals receiving substance abuse treatment; however, the housing needs of these individuals are unclear.

Since quantitative data about the housing need in the state is hard to come by, it should be noted that housing provision in rural areas is difficult due to two factors. First, rental properties, particularly apartments, are less common outside of large cities. Additionally, HUD's scoring system for Section 811 grants uses minority participation as a significant factor in evaluations. Given the

Persons with Mental Illness and Substance Abuse

small number of minorities in rural areas, this requirement puts their applications at a disadvantage from the outset. Due to these factors, and the fact that all of the state's PATH programs are located in large cities, it seems likely that there is an outstanding need for housing for the mentally ill and for individuals with substance abuse problems in non-entitlement areas in Indiana.

Resources

Through the Hoosier Assurance Plan, the state's Division of Mental Health contracts with managed care providers who provide services to individuals requiring mental illness or substance abuse treatment and who have annual incomes falling beneath 200 percent of federal poverty guidelines. The Division has statutory authority for six state operated facilities and contracts with 30 not-for-profit Community Mental Health Centers (CMHCs) and six not-for-profit non-CMHCs to deliver services to these targeted groups in all 92 counties. Each CMHC is reimbursed on a per patient basis from the state. Since Indiana is consciously trying to downsize its state hospitals and de-institutionalize its mental health system, CMHCs are also allowed to "cash in" allocated state hospital beds for additional resources. CMHCs provide the following mandated services: inpatient services, partial hospitalization/ psychosocial rehabilitation, residential services, outpatient services, consultation and education and community support. Priority populations are adults with chronic mental illness and children and adolescents who are seriously emotionally disturbed.

In addition to state provided services, Indiana's statutes require employers who provide mental health coverage to provide it in full parity with physical health coverage. Furthermore, the state's Children's Health Insurance Program (CHIP) provides full parity for mental illness.

Unlike the state's system of medical service provision for mental illness and substance abuse, it is unclear whether its housing support system is able to serve all 92 counties. For work with the homeless, the Division of Mental Health supports eight PATH teams and four CMHCs with Shelter Plus Care programs. These provide housing, job training, case management, medical services and referrals. In addition, most CMHCs also serve the homeless through referrals from other agencies. It should be noted that the PATH teams are all located in Indiana's six largest cities, meaning that few of these housing services are available in non-entitlement areas. A PATH-like team has recently been funded at the Center for Mental Health in Anderson using Mental Health Block Grant funds.

It is difficult to assess the housing resources available to the mentally ill since the Division's funding system is based on people served rather than services provided. Some providers have been more aggressive than others in pursuing HUD funding, such as Shelter Plus Care grants that provide rental assistance for hard-to-serve homeless persons with disabilities. Additional confusion comes from the wide variety of housing combinations offered by different providers.

Migrant Agricultural Workers

Total Population

By definition, the number of migrant agricultural workers in Indiana fluctuates and, consequently, is difficult to measure. The most recent count identified a total of 7,739 migrant workers. However, this count does not include seasonal workers, which are very difficult to measure due to their transient nature. Thus, the total of migrant and seasonal workers is much higher than this identified count. Due to the difficulty of locating workers, service providers estimate the state's annual population of migrant workers at between 8,000 and 10,000. Records from the Department of Labor's Transition Resources program indicate that over 85 percent of the workers that receive services are Hispanic and nearly 50 percent have limited English-speaking abilities.

Outstanding Need

The data on the needs of migrant agricultural workers is very poor. The U.S. Department of Labor's National Agricultural Workers Survey (NAWS) is the only consistent source of information on the demographics, working, and living conditions of agricultural workers in the U.S. Since 1988, the NAWS has surveyed more than 25,000 workers. The most recent survey for which data are available was conducted between 1997 and 1998. The findings from this survey are summarized below.

The workers interviewed in 1997-98 worked an average of 38 hours per week. The majority of workers were paid by the hour, although this varied by type of work. About one-third of workers performing "harvest tasks" were paid piece rates (i.e., paid by amount of units harvested). The average wage earned by a worker in 1997-98 was \$5.94 per hour. About 12 percent of all workers earned less than the minimum wage. The survey compared wages over time and found that the purchasing power of agricultural worker wages has been declining. Workers' wages have dropped (in real terms) since 1989, from \$6.89 to \$6.18 per hour. On an annual basis, about half of all workers surveyed reported earning less than \$7,500 per year. Sixty-one percent of agricultural workers had incomes below the poverty level.

Most workers did not receive any benefits. Only 41 percent were covered by unemployment insurance and just 33 percent were covered by workers compensation insurance. About 21 percent of workers received free housing from their employers. Most workers (47 percent) rented their housing, 18 percent owned a home, and seven percent rented from their employer.

The NAWS includes very few questions about the specific health and living conditions of agricultural workers. In the 1997-98 survey, two percent of workers reported that they did not have access to drinking water at their worksite. Sixteen percent reported not having water with which to wash and 13 percent reported that toilets were not available at work. Most workers prepare their own meals.

Migrant Agricultural Workers

The survey did not include information about housing conditions. And, due to the multitude of housing solutions used by migrant workers and the lack of current data, it is difficult to quantify the housing need. However, interviews with service providers and advocates for these workers indicate that the housing for migrant agricultural workers is typically very poor in quality. They often live in substandard units that commonly house multiple families. Overcrowding is not uncommon.

Although most migrant workers do not have a choice about the type of housing they will have, studies have indicated that they express preferences for living in mixed or homogeneous housing. Many unaccompanied men prefer living in mixed housing because it fosters a sense of community. Families, however, prefer to be in family-only facilities. A recent survey found that most housing managers and crew leaders are wary of placing families and unaccompanied men in the same facility.

A 1997 study by the Housing Assistance Council found that migrant workers nationwide who were able to obtain grower-provided or subsidized housing fared well enough to survive modestly. Those who were not able to obtain such advantages spent a large portion of their earnings on housing, and often the quality was extremely poor.

Resources

Historically, growers have provided housing for migrant workers. These growing facilities are licensed by the Indiana State Department of Health and are held to minimum standards, including windows and a source of heat. Indoor faucets or plumbing are not required under the standards, and most camps have common showers, restrooms and facilities for washing clothes. It should be noted that structures built before the adoption of these standards are acceptable under a grandfather clause, meaning that some families live in cabins as small as 10 by 12 feet in dimension. According to service providers, grower provided housing is more common in central and northern Indiana, while workers in the southern part of the state typically find housing independently.

The Department of Labor's Transition Resources records indicate that of the workers receiving services over 30 percent live in migrant camps (i.e., grower provided housing) and 47 percent in either single or multi-family housing. The balance is either homeless or resides in mobile homes. Over half of the workers who received services reported living in overcrowded housing conditions and over 30 percent lived in units without indoor plumbing.

Aside from grower provided housing, migrant workers are left to find housing for themselves in surrounding areas. The funding sources available for the development of migrant worker housing are those used by all developers of affordable housing seeking subsidies.

Migrant Agricultural Workers

A 12-unit development for migrant workers in Knox County funded with CDBG funds began construction in 2000. The sub-recipient of these funds, the Knox County Rural Housing Corporation, secured matching funds from the farmer who would hire the workers in order to make the project viable. This new complex will target low income migrant workers (those making 30 percent or less of AMI). In addition, a \$300,000 rehabilitation of existing migrant worker housing is underway near Goshen. This project is also subsidized by CDBG funds.

Implications

The many needs of the populations discussed above, combined with the difficulties in estimating the extent of such needs, can at times be overwhelming. Furthermore, the dollars available to serve special needs populations are limited, and these groups often require multiple services. The following exhibit attempts to identify the greatest needs of each special needs population. As discussed in the text, these needs are often more pronounced in rural areas due to lack of service provision.

Exhibit V-6. Summary of Special Needs and Available Resources

Population	Housing Need	Community Need	Primary Resource Available
Elderly	Rehabilitation/repair assistance Modifications for physically disabled Affordable housing (that provides some level of care)	Public transportation Senior centers Improvements to infrastructure	CDBG CHOICE HOME/IHFA Home Equity Conversion Mortgage Program Medicaid Public Housing Section 202 Section 8
Homeless	Beds at shelters for individuals Transitional housing/beds for homeless families with children Affordable housing for those at risk of homelessness	Programs for HIV positive homeless Programs for homeless with substance abuse problems Programs for homeless who are mentally ill	ESG CDBG HOME/IHFA HOPWA IDOC ISDH County Step Ahead Councils County Welfare Planning Councils Local Continuum of Care Task Forces Municipal governments Regional Planning Commissions
Developmentally Disabled	Semi-independent living programs Group homes	Smaller, flexible service provision Community settings for developmentally disabled Service providers for semi-independent	CDBG CHOICE HCBS HOME/IHFA SILP/AF SSI Family Subsidy Medicaid Section 811
HIV / AIDS	Affordable housing for homeless people with HIV/AIDS Housing units with medical support services Smaller apartment complexes Housing for HIV positive people in rural areas	Support services for AIDS patients with mental illness or substance abuse problems Medical service providers Public transportation	HOME/IHFA HOPWA Section 8
Physically Disabled	Housing for physically disabled in rural areas Apartment complexes with accessible units Affordable housing for homeless physically disabled	Public transportation Medical service providers	CDBG CHOICE HOME/IHFA SSI Medicaid Section 811
Mental Illness and Substance Abuse	Community mental health centers Beds for substance abuse treatment Supportive services slots Housing for mentally ill in rural areas	Substance abuse treatment Education Psychosocial rehabilitation services Job training Medical service providers	CDBG CHIP Division of Mental Health Section 811
Migrant Agricultural Workers	Grower-provided housing improvements Affordable housing	Family programs Public transportation	CDBG Rural Opportunities, Inc.

Data Sources

A number of data sources were relied upon in the preparation of this section, including key person interviews with government and non-profit service providers and advocates, and multiple primary and secondary documents. The following documents were used in the preparation of this section:

- *2000 Continuum of Care Consolidated Application, State of Indiana*, prepared by Indiana Coalition for Housing and Homeless Issues (ICHHI);
- *A Profile of Older Hoosiers*, published by Indiana University;
- *City of Indianapolis Homeless Survey*, prepared by the Coalition for Homelessness Intervention and Prevention (CHIP);
- *Comprehensive Plan for the Design of Services for People with Developmental Disabilities*, prepared by the Indiana SB 317 Task Force;
- *Current Population Report, Household Economic Studies, Americans With Disabilities 1994-95*, published by the U.S. Dept. of Commerce;
- *Developmental Disabilities Services in Indiana: Assessing Progress Through the Year 2000*, prepared by David Braddock, Ph.D. and Richard Hemp, M.A. for the Association of Rehabilitation Facilities of Indiana;
- *Disabilities Affect One-Fifth of All Americans*, U.S. Census Brief, U.S. Bureau of the Census, December 1997;
- Division of Mental Health, Olmstead Data Collection Tool, Olmstead Task Force;
- *Five Year State Plan for People with Disabilities: Fiscal Years 2001-2005*, as prepared by the Indiana Governor's Planning Council for People with Disabilities.
- *Homelessness: Programs and the People they Serve*, prepared by the Interagency Council on the Homeless;
- *Housing for Families and Unaccompanied Migrant Farmworkers*, Housing Assistance Council;
- *Housing Our Elders: A Report Card on the Housing Conditions and Needs of Older Americans*, published by HUD;
- *HUD Assumes Pivotal Role in Long Term Care*, published in Assisted Living Today magazine;
- *National Evaluation of the Housing Opportunities for Persons with AIDS Program (HOPWA)*; ICF Consulting, for the U.S. Department of Housing and Urban Development;

Data Sources

- *New Partnerships for Homeownership and Individualized Housing for People with Low Incomes and Disabilities*, from the Back Home in Indiana Alliance;
- *Opting In, Renewing America's Commitment to Affordable Housing*, published by HUD;
- *Programs Relating to Comprehensive Mental Health*, Division of Mental Health of the Family Social Services Administration (FSSA);
- State of Indiana, FSSA, Division of Mental Health web page (<http://www.ai.org/fssa/HTML/PROGRAMS/2c.html>);
- *Statewide HIV/AIDS Housing and Organizational Capacity Needs Assessment, State of Indiana Report*, prepared by Indiana Cares Inc. (now AIDServe Indiana);
- *The National Agricultural Workers Survey*, U.S. Department of Labor, 1997-98;
- *The Older Population in the United States: Population Characteristics*, U.S. Bureau of the Census, March 1999;
- *Three Year State Plan for People with Disabilities: Fiscal Years 1998-2000*, as prepared by the Indiana Governor's Planning Council for People with Disabilities;
- *The Central State Hospital Discharge Study Tracking Report—December 1998*, Kooremen, Harold E. with Eric W. Wright, John McGrew, and Bernice Pescosolido. Indiana Consortium for Mental Health Services Research, Institute for Social Research, Indiana University, December 1998.

Introduction and Methodology

Pursuant to Section 91.315 of the Consolidated Plan regulations, this section contains the following:

- A summary of Indiana's housing and community development challenges;
- A reiteration of the state's philosophy of addressing housing and community development issues;
- A discussion of the general obstacles the state faces in housing and community development;
- How the state intends to address the identified housing and community development needs; and
- How the state determined priority needs and fund allocations.

This section also partially fulfills the requirements of Section 91.320 of the Consolidated Plan regulations. The bulk of the requirements of Section 91.320 – a discussion of federal and non-federal resources, funding activities and allocation plans, geographic distribution of assistance, and program specific requirements – are found in Appendix G, Agency Allocation Plans. Required state certifications are located in Appendix B.

Approach and Methodology

The Consolidated Plan Coordinating Committee attended a daylong session in March 2001 to evaluate the five year plan adopted in FY2000. In FY2000, the Committee started with a blank slate to craft a new five year plan for meeting the housing and community development needs identified in the Consolidated Planning process. This year was the first in which the FY2000 strategies and action items were audited to ensure that they remain consistent with community needs.

Throughout the process, the Committee was mindful of the state's housing and community development challenges that were identified in the community survey and regional public forums and through secondary statistical research.

The Committee participated in an exercise that compared the top housing and community needs for FY2001 with the programs and funding sources that are currently in place or planned in the short term. During this exercise, the following questions were considered:

- What are the top needs identified through the community survey, regional forums, and analysis of secondary data?
- Are these needs different than those identified for the FY2000 planning period? If so, how?

Introduction and Methodology

- What programs or activities are currently in place to serve these needs?
- Where are the remaining gaps?
- How should the gaps be addressed and through what funding source?

The Committee also reviewed and reaffirmed the guiding principles developed in the FY2000 strategic planning process, which include:

- Focusing on the findings from citizen participation efforts (public forums, community surveys, public comments);
- Allocating program dollars to their best use, with the recognition that nonprofits and communities vary in their capacities and that some organizations will require more assistance and resources;
- Recognizing that the private market is a viable resource to assist the state in achieving its housing and community development goals;
- Emphasizing flexibility in funding allocations, and de-emphasizing geographic targeting;
- Maintaining local decision making and allowing communities to tailor programs to best fit their needs;
- Leveraging and recycling resources, wherever possible; and,
- Understanding the broader context within which housing and community development actions are taken, particularly in deciding where to make housing and community development investments.

In the past, the responsibility for deciding how to allocate funds geographically has been at the agency level. The Committee has maintained this procedure, with the understanding that the program administrators are the most knowledgeable about where the greatest needs for the funds are located. Furthermore, the Committee understands that since housing and community development needs are not equally distributed, a broad geographic allocation could result in funds being directed away from their best use.

The Committee has, however, determined broad guidelines for priority setting. The Committee maintains the relative priorities of 1) income (with the greatest emphasis on the lowest income groups, earning less than 30 percent of the area median income) and 2) special needs populations. Although these priorities were established in earlier strategic planning sessions, they remain consistent with the areas of greatest need.

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A priority of serving renter households was also included in earlier goal setting sessions. The Committee retains this priority for the FY2001 Update, and in addition, includes owner-occupied households with low incomes and/or special needs. This reflects the Committee's intent to assist citizens and communities that are in need regardless of tenure.

The results of the FY2000 program year strategic plan and action items audit are detailed in following section, beginning with a summary of the housing and community development needs identified during the FY2001 Consolidated Planning process.

Housing and Community Development Needs

Summary Findings

Sections II-V of the FY2001 Consolidated Plan Update present findings from the community survey, regional public forums, and secondary statistical research. In sum, these data showed the following trends and implications:

- The lack of quality, affordable single family housing was the top community concern identified in the surveys. Affordable rental housing was also an identified need, along with housing for the physically and developmentally disabled. Forum participants identified housing for special needs groups, including homeless shelters, as the top housing need.
- Forty percent of survey respondents said that low income populations have the greatest unmet housing needs, followed by the elderly, persons with mental illness, and single parents.
- The top community development issues identified by survey respondents included revitalization of downtown districts, public transportation, adequate employment, and public infrastructure improvements.
- Forum participants and survey respondents expressed a need for supportive services for special needs populations. The needs identified as in the most demand included transportation, adult and child daycare, job training, and home repair assistance.
- An analysis of expected growth in housing costs and incomes found that if historical growth trends continue, by 2005 the affordability of single family housing will decrease in all but nine counties of the state. The affordability of rental housing is expected to decrease in all but 15 counties by 2005.
- Unemployment rates remain low and job markets are healthy in many areas of the state. This was reflected in the 70 percent of respondents to the 2001 Community Survey who said that the perception of their community had improved during the last five years. Respondents in areas experiencing slow economic activity expressed a need for employment training programs and additional quality jobs.

2001 Strategic Priorities and Action Items

The following table provides the 2001-2002 program year funding levels for each program. These resources will be allocated to address the identified housing and community development strategies and actions. Please see Appendix G for methods of distribution for each program, including matching dollar requirements and sources of such funds.

**Exhibit VI-1.
2001 Consolidated
Plan Funding,
by Program and
State Agency**

Source:
State of Indiana and HUD, 2001.

Agency	Allocation
Indiana Department of Commerce (CDBG)	38,130,000
Indiana Housing Finance Authority (HOME)	16,122,000
Indiana Housing Finance Authority (HOPWA)	686,000
Indiana Family and Social Services Administration (ESG)	1,743,000
Total	56,681,000

Each of the priorities identified, as well as the intended actions, are discussed in turn below. The goals, strategies, and action items are not ranked in order of importance, since it is the desire of the state to allow each region and locality to determine and address the most pressing needs it faces.

Five Year Goals

Seven top-level goals were established by the Committee for the FY2000 five year plan. The Committee has retained these top level goals for the FY2001 action plan.

1. Expand and preserve affordable rental housing opportunities.
2. Enhance affordable homeownership opportunities
3. Promote livable communities and community redevelopment.
4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.
5. Strengthen and expand the state's continuum of care for persons who are homeless.
6. Strengthen the safety net of housing and services for special needs groups.
7. Enhance the local capacity for housing and community development.

2001 Strategic Priorities and Action Items

For the FY2001 plan, the action items that support each of these goals were audited for their effectiveness in continuing to address the housing and community development needs identified during the FY2001 planning process. The following section outlines the strategies and action plan in detail, including any modifications that have been made to better meet community needs.

Strategies and Action Plan

Goal 1. Expand and preserve affordable rental housing opportunities.

As detailed in the Housing and Community Development and Housing Market Analysis sections of the report, one of the greatest needs of communities is affordable, quality, multifamily housing. The Housing Market Analysis predicts that if the growth in housing costs and incomes continue at past rates, rental housing affordability is likely to worsen.

The strategies developed to accomplish Goal 1 include:

- a. Continue funding IHFA's Housing from Shelters to Homeownership program. This program utilizes CDBG and HOME dollars to fund activities ranging from emergency shelter development, to owner and rental housing rehabilitation and new construction, to homeownership counseling and down payment assistance. Units of local government, townships, public housing authorities, Community Housing Development Organizations (CHDOs) and nonprofit entities may all apply for funding. Preference is given to those projects that serve the lowest income citizens, although this program's scoring system considers a number of factors to ensure that dollars are allocated to the greatest needs.
 - **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
 - **Accomplishments.** IHFA conducted such an evaluation for program year 1999. The data suggest that the housing activities with the highest demand are those that are receiving the greatest amount of HOME and CDBG funding. For Program Year 2001, IHFA will continue to utilize a competitive allocation system for the Housing from Shelters to Homeownership program. Preference is given to projects that: 1) Meet the needs of their specific community; 2) Attempt to reach very low-income levels of 30% of area median income; 3) Are ready to proceed with the project upon receipt of the award; and, 4) Revitalize existing neighborhoods.

2001 Strategic Priorities and Action Items

- b.** Continue using Rental Housing Tax Credits to develop affordable rental housing. Since the program's inception in 1986, IHFA has been active in allocating Rental Housing Tax Credits. IHFA recognizes the value of tax credits in providing the much needed development of affordable rental housing; the program has long been at the core of the agency's multifamily division activities.

 - **Action Items to be Monitored.** IHFA will also evaluate and report annually to the Committee on the ability of the Rental Housing Tax Credit program to serve the state's housing needs. IHFA will actively campaign for federal regulations that increase the amount of Rental Housing Tax Credits that states are allowed to allocate.
 - **Accomplishments.** In 2000, IHFA approved 31 applications for more than 1,671 rental units in 31 affordable rental developments across the state. About 18 percent of the units will benefit those with very low incomes and 59 percent of the units will benefit those with low or very low incomes.
- c.** Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.

 - **Action Items to be Monitored.** The Consolidated Plan Coordinating Committee will assign a member to investigate the possibility of using TANF dollars for rental subsidies. The assessment of the feasibility of this strategy will be determined during the 2000-01 program year, and a recommendation for how to proceed will be made to the Committee. If the program were deemed to be feasible, implementation would be expected to occur between program years 2002-04.
 - **Accomplishments.** The Committee determined that the Indiana Family and Social Services Administration is exploring this opportunity. The Committee has offered assistance if needed. In addition, ICHHI recently worked with FSSA to develop policies where TANF dollars could be used to pay for some emergency shelter costs, based on an identified need by a local shelter.
- d.** Continue to preserve existing Section 8 expiring use properties through IHFA's work as a HUD designated Participating Administrative Entity (PAE) to encourage property owners to remain in the Section 8 program. In addition, IHFA has been approved as a Section 8 Contract Administrator for certain properties.

 - **Action Items to be Monitored.** A designated Consolidated Plan Committee member will report to the Committee on IHFA's accomplishments as a PAE and Section 8 Contract Administrator on an annual basis.

2001 Strategic Priorities and Action Items

- **Accomplishments.** IHFA was the first PAE, public or private, to successfully close a full debt restructure.
- e. Explore the development and use of State Rental Housing Tax Credits for affordable rental housing development.
 - **Action Items to be Monitored.** The Committee will assign a member to research the potential for establishing a State Rental Housing Tax Credit program, and report back with recommendations of how to pursue this strategy. The assessment of program feasibility will be conducted in the 2000-01 program year, and, if the Committee decides to move forward, the target date for program implementation would be during the 2003-05 program years.
 - **Accomplishments.** This action item has been deferred due to concerns about state budgets and potential constraints on funding new programs.
- f. Continue the use of the Indiana Coalition on Housing and Homeless Issues' (ICHHI) "OTAG" program, which assists displaced Section 8 tenants in finding new affordable rental units.
 - **Action Items to be Monitored.** The Committee will become better informed about this program and similar programs throughout the state. The Committee will use this strategy in conjunction with the continuing work of IHFA as a PAE and Section 8 Contract Administrator, in an effort to ensure a holistic approach to preserving the affordable rental units currently provided by expiring use properties.
 - **Accomplishments.** This action item is ongoing.

Goal 2. Enhance affordable homeownership opportunities.

As mentioned in Goal 1 above, the greatest need expressed by survey respondents and forum participants was for affordable housing. Expansion of affordable rental housing programs, which is addressed in the strategies for Goal 1, will serve a portion of this need, especially for the very lowest income households.

Enhancing homeownership opportunities is another part of the solution. The need for affordable single family housing was expressed by both survey respondents and forum attendees, including those representing special needs groups. The Housing Market Analysis section predicts that, if current trends continue, single family housing affordability could worsen in all but nine of the state's 92 counties.

The strategies developed to accomplish Goal 2 include:

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- a. Continue to fund IHFA's Housing from Shelters to Homeownership program to provide affordable single family new construction and rehabilitation of existing units for resale.
 - **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
 - **Accomplishments.** IHFA conducted such an evaluation for program year 1999. The data suggest that the housing activities with the highest demand are those that are receiving the greatest amount of HOME and CDBG funding. For Program Year 2001, IHFA will continue to utilize a competitive allocation system for the Housing from Shelters to Homeownership program. Preference is given to projects that: 1) Meet the needs of their specific community; 2) Attempt to reach very low-income levels of 30% or area median income; 3) Are ready to proceed with the project upon receipt of the award; and, 4) Revitalize existing neighborhoods.
- b. Continue IHFA's First Home program, which uses Mortgage Revenue Bonds and Mortgage Credit Certificates to provide interest rate subsidies and down payment assistance to low and very low income households for purchase of their first home. These programs leverage HOME funds to provide down payment assistance for buyers with the greatest needs.
 - **Action Items to be Monitored.** IHFA will evaluate and report annually to the Committee on the accomplishments of the First Home program in serving the state's lowest income populations who desire homeownership. IHFA will actively campaign for federal regulations that increase the amount of private activity bonds that states are allowed to issue.
 - **Accomplishments.** Between July 1, 2000 and January 31, 2001, IHFA's First Home Program offered interest rates of between 6.75 and 7.75 percent. A total of 1,106 loans were made through the program; the average purchase price was \$71,000, and the average income of the buyers was \$33,000. Downpayment assistance was included for 411 of the loans. IHFA also actively campaigned for an increase in the amount of private activity bonds allowed. Congress passed the increase, from \$50 per capita in 2000, to \$62.50 in 2001 and \$75 beginning in 2002.
- c. Explore the feasibility of establishing a statewide homebuyer counseling program.

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- **Action Items to be Monitored.** A designated Committee member will work with IHFA to evaluate the need for a homebuyer counseling program. If a need for such a program is identified, the Committee will assist IHFA in marketing the program to targeted populations, including dissemination of program materials at the Consolidated Plan regional forums and public hearings
- **Accomplishments.** IHFA hosted two roundtable discussions and conducted a mail survey to ascertain the need for a statewide homebuyer counseling program. In general, housing providers agree that there is a need for homebuyer education. Several organizations voiced the opinion that they like the way that the homeownership counseling/downpayment assistance activity is currently structured within the Housing from Shelters to Homeownership program and would not want to see the activity eliminated (or significantly restructured) in favor of statewide counseling linked with IHFA's First Home downpayment assistance program. Therefore, for Program Year 2001, IHFA has decided to keep homeownership counseling/downpayment assistance as an eligible activity for the Housing from Shelters to Homeownership program while it continues to consider other options for funding homebuyer education.
- d. Consider establishing a marketing campaign that promotes homeownership to the state's minority populations, specifically targeting African American and Hispanic homebuyers.
 - **Action Items to be Monitored.** IHFA will work to evaluate the feasibility of establishing such a marketing campaign. If the decision is made to move forward with these marketing efforts, the Committee will assist in dissemination of materials and integrate the information into the Consolidated Plan public outreach process.
 - **Accomplishments.** In 2000, IHFA ran advertising targeted at African-Americans on cable television, print and radio in the following Indiana communities: New Albany/Jeffersonville, Gary/Munster, Shelbyville and South Bend. The advertising focused on IHFA's homeownership programs. IHFA showed a significant increase in the phone calls to the toll-free number; however, at this time, it is not possible to say whether the increase translated into new homeowners. IHFA is looking to do something similar this year, possibly with billboards.
- e. Continue using the Department of Commerce's (IDOC) Individual Development Account program. This program provides a three to one match by the state (up to \$900 per year) to families at 150 percent of the poverty level who are trying to save money for a down payment for themselves or a dependent.

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- **Action Items to be Monitored.** The Committee will support legislative action for continuation of the Individual Development Account program and campaign for its reauthorization. In addition, designated Committee members will evaluate the effectiveness of the program, including making administrative funds available for the community development corporations that participate in the program. The members will report to the Committee on opportunities for leveraging CDBG and HOME funds and/or programs to support the IDA. Where needs are identified (e.g., target areas in the state where participation is underutilized), the Committee will work with program administrators to fulfill such needs.
- **Accomplishments.** As of April 2001, the State Legislature had not yet considered the reauthorization of the program. It is expected that the legislative action will occur in May or June 2001. In the meantime, IACED has convened “IDA Working Groups” throughout the state to provide feedback to IDOC about the program from organizations that were awarded an account.

Goal 3. Promote livable communities and community redevelopment.

Citizens identified a number of community development concerns as detailed in the Housing and Community Development Needs section of the report. As in years past, transportation, daycare for children and elderly, and jobs that pay livable wages and provide benefits were consistently mentioned as priority community needs. This year downtown revitalization and improvements in public infrastructure were also mentioned as top community needs.

The Department of Commerce has recently taken a new approach to measuring the quality of life of the state’s communities by employing a “livable communities” concept. IDOC defines livable communities as those that “actively and successfully serve the needs of their citizens; effectively connect people and places; and preserve, build upon, and invest in their economic, environmental, and human assets. To achieve this, livable communities plan and prepare for the future and form partnerships between the business, civic, government and not-for-profit sectors of the community.” Thus, a livable community is one that encompasses, among other things, adequate transportation systems, good daycare services, and ample employment opportunities.

Because community development issues are often interconnected – e.g., inadequate employment opportunities can affect the commute citizens must endure to find a job – the Committee chose to address the community development concerns through the promotion and creation of livable communities. The strategies developed to accomplish Goal 3 include:

- a. Continue funding IDOC’s Community Focus Fund (CFF), which uses CDBG dollars for community development projects ranging from environmental infrastructure improvements to development of daycare and senior centers.

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- **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CFF program, including components of the program that could be modified to better meet the needs of Indiana's communities. This feedback will be compared to the community needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CFF, including the scoring process, will be modified as needed to reflect the needs of communities.
 - **Accomplishments.** In 2000, 69 communities received \$27 million in funding through the CFF. A variety of projects were funded through the CFF, including: Seven community centers totaling \$2.8 million; 3 daycare centers totaling \$936,000; 2 fire stations and five fire trucks, both totaling \$1.3 million; 2 libraries totaling \$887,000; 2 historic preservation projects totaling \$850,000; 5 senior centers totaling \$2.1 million; 15 wastewater projects totaling \$6.8 million; and, 20 drinking water projects totaling \$8.3 million. About \$25million in local dollars were contributed to the projects listed above.
- b.** Expand knowledge of a referral network to programs that complement the CFF and provide funding leverage. Examples of such funding sources include: the Indiana Department of Transportation (INDOT) public transit programs; the Indiana Department of Workforce Development (DWD) vocational and technical education programs; and programs funded by HUD's SuperNOFA.
- **Action Items to be Monitored.** The Consolidated Plan Coordinating Committee will designate one or two members to compile a list of programs from which communities might benefit, educate the Committee about such programs, and integrate these referrals into the regional forums and public hearings that are part of the annual Consolidated Planning process. In addition, the Committee will host a representative from INDOT to explain the rural transit program and a representative from DWD to explain the incumbent worker program. These individuals will be invited to participate in the regional forums; at the very least, materials about the programs will be disseminated as part of Consolidated Plan outreach efforts.
 - **Accomplishments.** The Committee was unsuccessful in getting an INDOT or DWD representative to participate in the Consolidated Planning process. The Committee will continue to try and involve these organizations, particularly INDOT, given the widely expressed need for public transportation in nonentitlement areas.

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- c. Continue funding IHFA's Housing from Shelters to Homeownership program, which provides funding for the entire continuum of housing needs of communities.
 - **Action Items to be Monitored.** On an annual basis, IHFA will evaluate the current funding allocation of the Housing from Shelters to Homeownership program by comparing the number of units produced or rehabilitated, and/or dollar amounts available for production or rehabilitation, with the housing needs identified in the Consolidated Plan, to the extent that a renter/owner needs breakdown is available. The number and types of applications for the program will also be analyzed, since this measure of demand is also an indicator of need. The results of the evaluation will be used to establish priorities and goals for the upcoming program year.
 - **Accomplishments.** IHFA conducted such an evaluation for program year 1999. The data suggest that the housing activities with the highest demand are those that are receiving the greatest amount of HOME and CDBG funding. For Program Year 2001, IHFA will continue to utilize a competitive allocation system for the Housing from Shelters to Homeownership program. Preference is given to projects that: 1) Meet the needs of their specific community; 2) Attempt to reach very low-income levels of 30% or area median income; 3) Are ready to proceed with the project upon receipt of the award; and, 4) Revitalize existing neighborhoods.
- d. Continue the use of the planning and community development components that are part of the Planning Grants and Foundations programs funded by CDBG and HOME dollars. These programs provide planning grants to units of local governments and CHDOs to conduct market feasibility studies and needs assessments, as well as (for CHDOs only) predevelopment loan funding.
 - **Action Items to be Monitored.** The Committee will evaluate the need for planning grants and related studies for local governments and CHDOs and consider allocating more CDBG and HOME dollars to such programs if significant gaps in this type funding are identified.
 - **Accomplishments.** The Planning Grants and Foundations programs are ongoing. Program year 1999 was the first time that the proposed allocation of \$200,000 was exceeded for CHDO predevelopment loans; it appears that 2000 will exceed this allocation as well. In 2001, IHFA anticipates increasing the proposed allocation of HOME and CDBG funds for the Foundations program to meet increasing demand.
- e. Continue including rehabilitation of existing structures as a scoring preference for applications for the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.

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- **Accomplishments.** The RHTC program provides incentives for rehabilitation through its competitive scoring system. The Housing from Shelters to Homeownership program has scoring criteria to encourage rehabilitation of existing structure. These scoring preferences are continuing (see the attachment to this section for specific scoring preferences). Additionally, the 2001 Qualified Allocation Plan (QAP) has set aside 8.3% of available annual RHTCs for developments that involve rehabilitation of currently occupied low income housing, developments otherwise in danger of being removed by a federal agency, and/or the conversion of existing market rate housing to affordable housing.
- f. Explore the feasibility of a statewide Fair Housing campaign.
 - **Action Items to be Monitored.** The Committee will work with Indiana Civil Rights Commission (ICRC) to examine the need for a statewide Fair Housing campaign and consider accepting proposals for funding fair housing activities. The feasibility of the program will be researched in program year 2000-01, with a potential implementation during program year 2001-02.
 - **Accomplishments.** In November 2000, IHFA awarded a HOME subrecipient agreement to ICRC to affirmatively further fair housing by increasing awareness of existing fair housing rights, responsibilities, and enforcement procedures for minority and special needs consumers and for those who provide housing services; increasing efforts of the Fair Housing Task Force by recruiting member from non-entitlement communities and under-represented segments of the housing industry; enhancing the tester program by recruiting testers, conducting tester training, and increasing the number of tests conducted annually; and improving fair housing intra/inter agency coordination by providing the Consolidated Plan Coordinating Committee with Task Force activity updates and by working closely with the Committee to ensure coordination activities.
- g. Continue to promote and encourage energy efficiency through the Rental Housing Tax Credit and Housing from Shelters to Homeownership programs.
 - **Accomplishments.** In past years, the Rental Housing Tax Credit program awarded points for complying with federal and state efficiency requirements. This scoring criteria, however, has been removed from 2000 and 2001 QAP due to difficulty receiving appropriate certification from developers. The Housing from Shelters to Homeownership program includes points for the design of structure, quality of amenities, and energy efficiency. Applicants receive points for committing to specific design features, which include a variety of Energy Star rated appliances and building products.

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h. Continue working to reduce the environmental hazards in housing, including lead based paint risks.

- **Action Items to be Monitored.** The Committee will support a team effort between IACED and IHFA to provide training to grantees, particularly those conducting rehabilitation, about the hazards of lead based paint and safe work practices, if such an effort is deemed feasible.
- **Accomplishments.** IACED and IHFA worked together to offer more than 30 days of training statewide, including training for assessors, lead inspectors, abatement supervisors, train the trainer, and lead based paint regulations. IHFA also held training for lenders and realtors working in the First Home program, and assisted in training Public Housing Authorities and Community Action Agencies who administer Section 8 and weatherization program.

Goal 4. Enhance employment development activities, particularly those that provide workforce development for low to moderate income citizens.

The Housing and Community Development Needs of the report discusses the need for investment in the state's human capital. Specifically, a recent study by the Indiana Economic Development Council found that for every 100 high-skill job openings, only 65 applicants were qualified. The need for job training and education was also expressed in the community forums and surveys.

Along with the strategies to promote livable communities outlined in Goal 3, the state will:

- a.** Continue the use of IDOC's Community Economic Development Fund (CEDF), which funds job training and infrastructure improvement in support of job creation for low to moderate income persons.
 - **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CEDF program, and continue to collect data on the number of jobs created from and beneficiaries of the CEDF program. This feedback will be compared to the community (especially employment) needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CEDF, including the scoring process, will be modified as needed to reflect the needs of communities.
 - **Accomplishments.** The program funding and evaluation process is continuing.
- b.** Explore using the CEDF to fund employer based skills training that is transferable.

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- **Action Items to be Monitored.** A designated Committee member or two will evaluate the feasibility of such a program and report back to the Committee with recommendations for using the CEDF for employer based skills training. The evaluation should include conversations with employers in the state's communities that are most in need of workforce development. The investigations into the feasibility of such a program will be done in the 2000-01 program year. Program implementation would be expected during 2001-02.
- **Accomplishments.** After evaluating the need for skills training, IDOC has set aside \$2 million for new and basic skill training. This training will be targeted at those needing basic skills (including ESL). In addition, \$2 million will be allocated to related economic development (e.g., development infrastructure).
- c. Explore enhancing innovative employment and training opportunities, modeled after such programs that have been successful in the state.
 - **Action Items to be Monitored.** A Committee member will investigate the feasibility of establishing similar employment and training opportunities in areas throughout the state. The feasibility of such programs will be evaluated in 2000, with potential implementation between 2001-02.
 - **Accomplishments.** ICHHI conducted four workshops in 2000 on innovative training and employment programs, especially for the very low income and homeless.

Goal 5. Strengthen and expand the state's continuum of care for persons who are homeless.

As detailed in the Special Needs section of the report, between 80,000 and 100,000 citizens in the state are homeless at any one time. An estimated 7 percent of the state's population is estimated to be at-risk of homelessness because of their very low incomes and relatively high housing costs.

Most individuals who are homeless require a continuum of services or care, ranging from health care to temporary shelters to job training. The state has worked hard to integrate the continuum of care concept into program development; however, the extent to which the concept has been integrated into planning varies considerably by region.

The strategies developed to accomplish Goal 5 include:

- a. Continue to submit an annual SuperNOFA application to fund continuum of care activities.

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- **Action Items to be Monitored.** The Committee will be responsible for ensuring that the State Continuum of Care application is submitted to HUD annually. This will be accomplished through the creation of the Continuum of Care Committee (CCC) to provide oversight and development of the application. In addition, the CCC will evaluate the ongoing effectiveness of the programs funded by the grant.
- **Accomplishments.** In 2000, the Continuum of Care Committee was established. The Committee has monitored the release of the Continuum of Care SuperNOFA and is organizing a team of experts to review and comment on the applications that are expected to be received from organizations throughout the state. In addition, the Committee Chair has been visiting potential applicants to discuss the application and scoring processes.
- b.** Encourage the formation of regional continuum of care consortia to coordinate continuum of care activities and provide guidance on specific needs.
 - **Action Items to be Monitored.** The Continuum of Care Committee will have as a priority organizing regional continuums of care.
 - **Accomplishments.** The first task of the Committee was to facilitate the development of regional continuums. This effort took the form of a series of conference calls and personal visits by the Committee Chair. In addition, an organizational conference is planned for spring 2001, where the Kentucky continuum of care model will be presented. The goal of the conference is to establish the state's continuum of care regions. In fall 2001, a conference on implementing a continuum of care system will be held.
- c.** Continue statewide nonprofit training provided by ICHHI for SuperNOFA grant applications.
 - **Accomplishments.** Activity has continued.
- d.** Expand the funding available for shelter and transitional housing development in IHFA's Housing from Shelters to Homeownership program.
 - **Action Items to be Monitored.** IHFA will increase its goal during the calendar year for awarding funds for shelter and transitional housing through the Housing from Shelters to Homeownership program to \$3 million annually, from \$2.5 million.
 - **Accomplishments.** In FY2000, the goal was exceeded, with \$3.25 million dedicated to shelter and transitional housing development.

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- e. Explore the option of using Temporary Assistance to Needy Families (TANF) dollars to subsidize rental housing.
 - **Action Items to be Monitored.** The Consolidated Plan Coordinating Committee will assign a member to investigate the possibility of using TANF dollars for rental subsidies.
 - **Accomplishments.** The Committee determined that the Indiana Family and Social Services Administration is exploring this opportunity. The Committee has offered assistance if needed. In addition, ICHHI recently worked with FSSA to develop policies where TANF dollars could be used to pay for some emergency shelter costs, based on an identified need by a local shelter.
- f. Continue to work to improve the Family and Social Service Administration's (FSSA's) Emergency Shelter Grant (ESG) applications and scoring process to emphasize continuum of care services.
 - **Accomplishments.** During 1999, FSSA worked with ICHHI to improve its ESG application to focus more on continuum of care components of shelter development and operation. The revised application is currently being used. FSSA will continue revisions of the application, if needed, to encourage shelter provider integration in continuum of care networks.
- g. Review the organization of homeless and ESG functions; evaluate how to ensure a more coordinated approach between shelter funding and the Continuum of Care.
 - **Action Items to be Monitored.** Two designated Committee members will evaluate the current organization of homeless and ESG functions, particularly how they are integrated into complementary state programs and the Continuum of Care process.
 - **Accomplishments.** This action item is ongoing.

Goal 6. Strengthen the safety net of housing and services for special needs groups.

Special needs groups, including the homeless, need a combination of housing and community services to ensure quality of life. Section V of the report discusses the needs of special needs populations, and estimates the gaps in both housing and community services by population. The state recognizes that the needs of this group range from an intensive, high level of services to very minor assistance, and that state programs must be flexible to accommodate all levels of need.

In addition to many of the strategies listed for Goal 5, the strategies developed to accomplish Goal 6 include:

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- a. Enhance resources such as FSSA's Shelter Plus Care grants that provide rental assistance for persons who are homeless and difficult to serve (e.g., persons with mental illness or substance abuse).
 - **Action Items to be Monitored.** The Shelter Plus Care program will provide tenant based rental assistance, and will be administered through the Community Action Agency network in the state. The current funding level will provide 60 vouchers for 5 years. The Committee will work to increase the amount of available resources for better assisting the state's special needs populations that are most difficult to serve.
 - **Accomplishments.** Due to the comprehensive nature of this action item, it was deferred into later program years. Concerns about state budget constraints have also raised questions about the amount of funding available for this action item.
 - In 1999, FSSA implemented a pilot program with \$90,000 of unexpended ESG funding. The purpose of the program was to serve children in homeless shelters with education/tutoring, medical attention, counseling, recreational opportunities, and, in some cases, provide nutritious meals. The three shelters awarded funding served more than 300 children through the pilot program.
- b. Continue the Consumer Advisory Board (CAB) monitored by the Department of Health to receive input on the needs of the state's population living with HIV/AIDS.
 - **Accomplishments.** The Indiana Department of Health (ISDH) has continued the CAB. The CAB meets every month to provide feedback on HIV/AIDS programs and services. Their feedback is used to improve program delivery and services.
- c. Enhance technical assistance and planning activities of organizations serving special needs groups.
 - **Action Items to be Monitored.** AIDServe, the entity with which ISDH contracted for delivery of these activities, is no longer operating in the state. For the FY2000 program year, ISDH assumed the administration of HOPWA. The focus during this year was on continuing tenant based rental assistance. No other eligible HOPWA activities were in operation. IHFA will be the state's grantee for HOPWA funds beginning on July 1, 2001. IHFA is working with the HIV/AIDS care coordination regions to prioritize the housing and supportive service needs of people living with HIV/AIDS.
- d. Continue IDOC's CFF funding for the development of health care facilities, public social service offices that work with special needs populations, and shelter workshop facilities, in addition to modifications to make facilities accessible to the disabled.

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- **Action Items to be Monitored.** IDOC will continue soliciting feedback from its grant recipients about the CFF program, particularly grantees that have used the program to fund facilities for special needs groups. This feedback will be compared to the community needs identified in the Consolidated Plan and, together, these measures will be used to evaluate the program annually, to ensure that program dollars are being allocated to their most productive use. Components of the CFF, including the scoring process, will be modified as needed to reflect the needs of special needs groups in communities.
- **Accomplishments.** The use of CFF funds for facilities targeting special needs group is continuing. IDOC has also implemented community workshops to educate communities about how CFF funding can be used and to offer technical assistance. In 2000, IDOC completed 61 such workshops. IDOC has also continued the CFF evaluation process, including adding a question to the 2001 community survey, which asked about community development needs and the use of CFF funds.
- e. Continue to use HOPWA funding for tenant-based housing assistance, emergency assistance, and direct client support.
 - **Action Items to be Monitored.** Using feedback its care regions, ISDH will evaluate the allocation of funds between these three program areas on an annual basis. ISDH will adjust its program allocations to reflect the current needs of its care regions. Refer to Appendix G for more detail on the HOPWA allocation process.
 - **Accomplishments.** As mentioned above, ISDH assumed the administration of HOPWA funds from AIDServe during FY2000. During the time of transition, only rent subsidies have been available. In December 2000, ISDH began working with IHFA to facilitate back-payment and current payment to landlords renting to tenants in the program. In preparation for the Formula 2001 HOPWA allocation, IHFA met with the care coordination sites and regions to discuss the allocation of the HOPWA funds in the state of Indiana. Each region was assigned an allocation of HOPWA funds based on the number of cumulative HIV/AIDS cases in their region. IHFA continues to provide technical assistance to the care coordination sites and regions on the eligible activities under HOPWA. Eligible activities include housing assistance, supportive services, and technical assistance. The regions are required to submit their plans to IHFA by June 1, 2001.
- f. Continue using IHFA's Housing from Shelters to Homeownership program for owner-occupied grant rehabilitation that can be used for home improvements that accommodate people with physical and developmental disabilities and the elderly.

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- **Action Items to be Monitored.** IHFA will evaluate and report annually to the Committee on the amount of funding and requests for funding from the Housing from Shelters to Homeownership program for grants for owner-occupied housing improvements, particularly those that assist special needs groups. IHFA will consider increasing the allocated funding in this area to the extent that the need for such dollars exceeds the current funding level.
- **Accomplishments.** During the program year 1999, 20 percent of HOME and CDBG awards made by IHFA were for owner-occupied housing, many of which were targeted to one or more special needs groups.
- g. Explore the feasibility of a pilot home modification loan program that could also be used for physical adaptability.
 - **Action Items to be Monitored.** A designated Committee member will report on the feasibility of an owner-occupied home modification loan program to be considered by IHFA during 2000. If the program appears feasible, the Committee will explore assisting IHFA in expanding the program to non-entitlement areas or establishing its own program to serve these areas. The feasibility of the program will be evaluated in program years 2000-01, with a target period for implementation of 2002-04.
 - **Accomplishments.** IHFA is still looking into an owner-occupied home modification program. Currently, IHFA is trying to fit the program into the existing structure of its bonds. IHFA staff recently visited a group in Fort Wayne that administers an owner-occupied home modification program. It is hopeful that IHFA will be able to implement this program in 2002-2004.
- h. Explore the HomeChoice program sponsored by Fannie Mae that allows more flexible underwriting guidelines for homeownership.
 - **Action Items to be Monitored.** IHFA submitted an application to Fannie Mae during 2000 for participation in the HomeChoice program. If the program is deemed successful, the Committee will assist IHFA in broadening the program throughout the state.
 - **Accomplishments.** Fannie Mae approved IHFA's proposed HomeChoice program. During the pilot phase, HomeChoice will be offered in three counties: Bartholomew, Knox, and Marion. IHFA has earmarked \$1 million in revenues to finance the HomeChoice mortgages. If the program is successful, IHFA and its HomeChoice partners – Fannie Mae, Irwin Mortgage, and the Back Home in Indiana Alliance – will consider broadening the program throughout the state.

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- i. Improve the integration of the Consolidated Plan and Analysis of Impediments processes.
 - **Action Items to be Monitored.** The Committee will reexamine the current structure of the respective processes for completing the Consolidated Plan and Analysis of Impediments, including the communication between the Consolidated Plan Coordinating Committee and the Fair Housing Task Force. The Committee will work with the Fair Housing Subcommittee to ensure that the processes and reports are more integrated.
 - **Accomplishments.** During the 2000-01 program year, the Consolidated Plan Committee had regular updates from members of the Fair Housing Task Force about fair housing activities. The Committee also integrated the Consolidated Plan and Analysis of Impediments and worked together to gather citizen input on the planning processes. The Task Force and Committee will continue working together in the upcoming program year. (See the Appendix for the Analysis of Impediments report, including the Fair Housing Task Force action plan and program year accomplishments).
- j. Research the need for a central and comprehensive information source of programs to assist the state's citizens, especially those with special needs.
 - **Action Items to be Monitored.** The Committee will examine the need for a statewide source of information on housing and community development programs available to citizens. If a need is determined, the Committee will work to establish such an information source, the type and scope of which will be determined through the research process.
 - **Accomplishments.** The Committee included a question on the 2001 community survey that asked about the need for a statewide information source. Eighty percent of respondents said that a resource guide that lists the services available is needed. The type of service guide most favored was a paper handbook, followed by a help phone line, and finally, an Internet based guide and search tool. The Committee also researched if there is such a resource currently available and discovered that the Indiana 211 Partnership is implementing a statewide, telephone based information and referral system for citizen social service needs. The Committee will monitor the implementation of the 211 system and continue to evaluate the need for an alternative source of information.
- k. Conduct a survey targeted to the state's migrant agricultural workers, to improve upon the data and knowledge about the housing and community development needs of this population.

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- **Action Item to be Monitored.** As part of the either the Consolidated Plan or Continuum of Care process, the Committee will administer a survey of the state's migrant farm worker population. The Committee will work with the Governor's Task Force on Migrant Farmworkers on information sharing and data collection, if feasible.
- **Accomplishments.** The Committee has deferred this action item until 2001-2003, due to the recent formation of the Governor's Commission on Hispanic and Latino Affairs. In June 2001, IACED is hosting the state's first Hispanic Summit. The goal of the summit is to bring community leaders together to begin discussing the needs of the state's Hispanic and Latino residents. IACED will report on the results of the summit, including the perceived need for a comprehensive survey of migrant farmworker needs.

Goal 7. Enhance the local capacity for housing and community development.

The nonprofit community and local governments play a critical role as vehicles for the delivery of housing and community services, often with very limited funds. To continue to be effective in this role, the state recognizes that these entities require assistance with capacity building.

The strategies developed to accomplish Goal 7 include:

- a. Continue using CDBG funding for technical assistance, including accreditation and procurement training. Explore funding assistance specifically for environmental issues.
 - **Action Items to be Monitored.** IDOC will continue to solicit and evaluate feedback from its grant recipients about training needs, including a need for technical assistance with environmental issues. If a need is identified, an increase in the funding dedicated for a particular type of technical assistance will be considered.
 - **Accomplishments.** Program funding and the evaluation process is ongoing.
- b. Continue providing funding for training and technical assistance in the pre-and post-application process for IHFA's programs. Also continue providing CHDO training and capacity building activities through the CHDO Works program.
 - **Action Items to be Monitored.** IHFA will continually evaluate the need for both training and technical assistance. If a need is supported, IHFA will continue to fund the programs to the extent allowed by the requirements of the funding source.

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- **Accomplishments.** IHFA continues to support training and technical assistance in many different ways. IHFA Community Development staff are encouraged to work with applicants and grantees to make application and grant implementation as straightforward as possible. Both the Development and Compliance staff conduct group workshops to cover general information, and staff are also available for one-on-one technical assistance sessions. Additionally, during 2000, IHFA entered into its second three-year contract with IACED to conduct a wide variety of training to expand the capacity of housing organizations throughout Indiana.
- IHFA also continues to set-aside the maximum amount allowed under the HOME program for CHDO operating costs. These operating funds are available to CHDOs through the CHDO Works program as well as to cover operating funds associated with construction-related projects.
- c. Continue providing HOPWA training and technical assistance sponsored by ISDH.
 - **Action Items to be Monitored.** IHFA will inform the care coordination sites and regions of training and technical assistance opportunities facilitated by IACED and other partners. In addition, IHFA has a dedicated staff member for the HOPWA program that is available to provide technical assistance on HOPWA and other affordable housing and supportive service programs.
- d. Continue the statewide forum on grant applications sponsored by FSSA.
 - **Accomplishments.** Program is ongoing.
- e. Continue the technical assistance provided by the Indiana Technical Assistance Consortium.
 - **Action Items to be Monitored.** Currently, IACED and ICHHI form the Indiana Technical Assistance Consortium, which provides training, direct technical assistance, and capacity building funding to CHDOs. The Consortium will provide the Committee with feedback from the training sessions, in an effort to better evaluate the continued training needs of CHDOs.
 - **Accomplishments.** Training and technical assistance are ongoing. In addition, in late 2000, IACED began development of a statewide study to establish a strategic plan and identify system resources to support nonprofits on a statewide level. The study was funded through a private foundation and IDOC. The report is expected to be available in May 2001.
- f. Explore working with the Indiana Grantmakers Alliance to enhance their grant writing course, especially for applicants for Continuum of Care funding.

2001 Strategic Priorities and Action Items

- **Action Items to be Monitored.** A Committee representative will learn about and educate the Committee on the Donor Alliance program, particularly about how it might be used to enhance the technical assistance needed by Continuum of Care applicants.
- **Accomplishments.** This item will be addressed by the Continuum of Care Committee in future program years.
- g.** Explore providing more direct training for ESG grantees.
 - **Action Items to be Monitored.** The ESG Committee representative will evaluate if grantees require additional training and technical assistance, and, if so, establish a training program based on those provided for the other HUD programs.
 - **Accomplishments.** ICHHI and FSSA are considering holding a training and technical assistance workshop in fall 2001.
- h.** Explore the creation of a core operating fund for not-for-profits.
 - **Action Items to be Monitored.** A team of Committee members will explore the feasibility of establishing a core operating fund (separate from those dollars currently provided by IHFA) for not-for-profit entities in the state that provide housing and community development services to the state's low income and special needs populations. This item is expected to be accomplished between years 2001 and 2003; the Committee will report on its progress annually.
 - **Accomplishments.** In late 2000, IACED began development of a statewide study to establish a strategic plan and identify system resources to support nonprofits on a statewide level. The study was funded through a private foundation and IDOC. The report is expected to be available in May 2001.
- i.** Explore the creation of a “training catalogue” for potential grantees that could be distributed at the Consolidated Plan regional forums.
 - **Action Items to be Monitored.** A Committee member will evaluate if there is a current comprehensive listing of the training and technical assistance opportunities available to localities and nonprofits in the state. If not, the Committee will consider establishing such an information source. The Committee will also market the economic development “Toolbox” developed between IDOC and Ball State University during Consolidated Plan outreach activities.
 - **Accomplishments.** The Committee will address this action item in 2002 or 2003, after receiving the results of the IACED capacity building study.

2001 Strategic Priorities and Action Items

Institutional Structure

Many firms, individuals, agencies and other organizations are involved in the provision of housing in the state. Some of the key organizations within the public, private and not-for-profit sector are discussed below.

Public Sector. Federal, state and local governments are all active in housing policy. At the federal level, two primary agencies exist in Indiana to provide housing: the U.S. Department of Housing and Urban Development (HUD) and Rural Economic Community Development (RECD). HUD provides funds statewide for a variety of housing programs. RECD operates mostly in non-metropolitan areas and provides a variety of direct and guaranteed loan and grant programs for housing and community development purposes.

In addition to these entities, other federal agencies with human service components also help assist with housing, although housing delivery may not be their primary purpose. For example, both the Department of Health and Human Services and the Department of Energy provide funds for the weatherization of homes. Components of the McKinney program for homeless assistance are administered by agencies other than HUD.

At the state level, the Indiana Housing Finance Authority (IHFA) is the lead agency for housing in the state. It coordinates the Mortgage Revenue Bond (MRB) and the Mortgage Credit Certificates (MCC) first time homebuyer programs through its First Home program, administers the state's allocation of Rental Housing Tax Credits and is responsible for the non-entitlement CDBG dollars dedicated to housing, the Indiana Low Income Housing Trust Fund, and non participating jurisdiction HOME monies. In addition, IHFA is currently a HUD designated Participating Administrative Entity for expiring use contracts and an approved contract administrator of certain project-based Section 8 contracts. In July 2001, administration of the HOPWA grant will be transferred to IHFA.

The Indiana Family and Social Services Administration administers the Emergency Shelter Grant programs and coordinates the state's tenant-based Section 8 program through a contract with community action agencies. It also administers the Medicaid CHOICE program, the child care voucher program, and other social service initiatives, and is the lead agency overseeing state institutions and other licensed residential facilities. FSSA is the focal point for policies that integrate housing with the provision of social services.

The Indiana Department of Commerce is the main agency involved in community and economic development and related programs. It administers the state's CDBG program, a portion of which has been designated for affordable housing purposes since 1989. IDOC also administers the Neighborhood Assistance Program and the Individual Savings Account program, which provides first time homebuyer downpayment assistance.

2001 Strategic Priorities and Action Items

The Indiana Department of Health coordinates the state's programs relating to persons living with HIV/AIDS and is currently administering the state's HOPWA grant (which will be transferred to IHFA in mid-2001). It also administers the state's blood screening program for lead levels in children.

Other state agencies that are involved in housing issues include the Indiana Civil Rights Commission through Fair Housing enforcement, the Indiana Division of Historic Preservation and Archaeology, Indiana Department of Workforce Development and Indiana Department of Corrections.

Communities throughout Indiana are involved in housing to greater or lesser degrees. Entitlement cities and participating jurisdictions are generally among the most active as they have direct resources and oversight of for housing and community development.

Private Sector. A number of private sector organizations are involved in housing policy. On an association level, Indiana Realtors Association, Indiana Homebuilders Association, Indiana Mortgage Bankers Association and other organizations provide input into housing policy. Private lending institutions are primarily involved in providing mortgage lending and other real estate financing to the housing industry. Several banks are also active participants in IHFA's First Home program.

Fannie Mae funds programs such as HomeChoice, which provides flexible underwriting criteria on conventional mortgages to persons with disabilities. The Federal Home Loan Bank (FHLB) and its member banks in Indiana provide mortgage lending as well as participate in FHLB's Affordable Housing Program.

The private sector is largely able to satisfy the demands for market rate housing throughout the state. It is difficult for the private market to respond to the housing needs of the state's lowest income and special needs populations without some type of public subsidy.

Not-for-Profit Sector. Many not-for-profit organizations or quasi-governmental agencies are putting together affordable housing projects and gaining valuable experience in addressing housing needs on a local level.

The state now has 85 organizations certified as Community Housing Development Organization (CHDOs) – a marked increase from the 39 that were certified in 1995 (when the first five year plan was written). Sixty-seven of the CHDOs currently certified serve or anticipate doing projects in the state's nonentitlement communities. Every state in the county except for one (Clay County) is now within a service area of at least one state certified CHDO.

Community action agencies administer the Section 8 program under contract to FSSA. There are currently 25 community action agencies in the state; 21 of the agencies administer Section 8. Most of the agencies also administer weatherization and energy assistance programs.

2001 Strategic Priorities and Action Items

The state has an active network of community development corporations, many of which have become increasingly focused on housing issues. These organizations are engaged in a variety of projects to meet their communities' needs, from small scale rehabilitation programs to main street revitalization. The projects undertaken by community development corporations are often riskier and more challenging than traditional development projects.

Public housing authorities exist in the major metropolitan areas and in small to medium sized communities throughout the state. These entities now can apply for HOME monies directly through IHFA's Housing from Shelters to Homeownership program.

Many not-for-profit organizations have become more actively engaged in delivering social services. Community mental health centers, religious and fraternal organizations and others provide support in the form of counseling, food pantries, clothing, emergency assistance, and other activities. Organizations such as Habitat for Humanity and Christmas in April are very active in affordable housing development and rehabilitation. The state's 16 Area Agencies on Aging have also become more involved in housing issues for seniors.

Overcoming Gaps. Several gaps exist in the above housing and community development delivery system, especially for meeting the need for affordable housing. The primary gaps include:

- Lack of coordination and communication. Many social service providers, local business leaders and citizens expressed frustration about not knowing what programs were available and how to access those programs. Without full knowledge of available programs, it is difficult for some communities to know where to start to address their housing needs.
- Lack of capacity for not-for-profits to accomplish community needs. In many communities, the nonprofits are the primary institutions responsible the delivery of housing and community development programs. These organizations function with limited resources, and seldom receive funding designated for administrative activities.

Many of the strategies and actions presented in the previous two chapters are designed to address the gaps noted above. Specific initiatives include expanded training and technical assistance for nonprofits and local governments, strengthening capacity building of nonprofits through a statewide strategic plan, and offering program dollars for affordable housing and community development.

Barriers to Affordable Housing. See the Housing Market Analysis section of the report for a discussion of barriers to affordable housing.

Lead-Based Paint Hazards. See the Housing Market Analysis section of the report for a discussion of lead based paint hazards and related programs and policies.

2001 Strategic Priorities and Action Items

Anti-Poverty Strategy

The State of Indiana does not yet have a formally adopted, statewide anti-poverty strategy. In a holistic sense, the entirety of Indiana's Consolidated Plan strategy and action plan is anti-poverty related because a stable living environment is also a service delivery platform. However, many of the strategies developed for the FY2000 five year plan (specifically goals 3 and 4) directly assist individuals who are living in poverty.

Indiana has a history of aggressively pursuing job creation through economic development efforts at the state and local levels. This emphasis on creating employment opportunities is central to a strategy to reduce poverty by providing households below the poverty level with a means of gaining sustainable employment.

Other efforts are also needed to combat poverty. Many of the strategies outlined in the Consolidated Plan are directed at providing services and shelter to those in need. Once a person has some stability in a housing situation it becomes easier to address related issues of poverty and provide resources such as child care, transportation and job training to enable individuals to enter the workforce. Indiana's community action agencies are frontline anti-poverty service providers. They work in close cooperation with state agencies to administer a variety of state and federal programs.

Education and skill development is an important aspect of reducing poverty. Investment in workforce development programs and facilities is an important step to break the cycle of poverty. Finally, there continue to be social and cultural barriers that keep people in poverty. Efforts to eliminate discrimination in all settings are important. In some cases, subsidized housing programs are vital to ensure that citizens have a safe and secure place to live.

Obstacles to Meeting Needs

The Committee faces a number of obstacles in meeting the needs outlined in the FY2001 Consolidated Plan Update:

- The housing and community needs are difficult to measure and quantify on a statewide level. The Consolidated Plan uses both qualitative and quantitative data to assess statewide needs. However, it is difficult to reach all areas of the state in one year, and the most recent data measures in some cases are a few years old. Although the Committee makes a concerted effort to receive as much input and retrieve the best data as possible, it is difficult to quantify needs on the local level. Therefore, the Committee must also rely on the number and types of applications as a measure of housing and community needs.
- The ability of certain program dollars to reach citizens is limited by the requirement that applications for funding must come from units of local government or nonprofit entities. Thus, if these entities do not perceive a significant need in their communities they may not apply for funding.

2001 Strategic Priorities and Action Items

- Finally, limitations on financial resources and internal capacities at all levels can make it difficult for the state to fulfill the housing and community development needs of its communities.

Strategies and Resources Matrix

Pursuant to Section 90.320 (b) of the Consolidated Plan regulations, Exhibit VI-2 on the following page integrates the state's Consolidated Plan resources with the action plan.

HUD regulations also require the state to enumerate the expected number of households and persons to be served with Consolidated Plan funds. The 1995 Consolidated Plan reintroduced estimates of persons and households to be served first introduced in the 1994 CHAS. New estimates of expected number of households served were developed using the 1994 CHAS numbers as a baseline. Since the data underlying the CHAS estimates will not be available until detailed 2000 Census data are released, the baseline figures were increased in proportion to the increase in Consolidated Plan funding over the 2000 funding levels. Those estimates are shown in Exhibit VI-3.

Exhibit VI-2. Strategy and Resources Matrix

2000 Program Year Action Items	Consolidated Plan Programs			
	CDBG	ESG	HOME	HOPWA
1. Expand and preserve affordable rental housing opportunities	■		■	■
2. Enhance affordable homeownership opportunities	■		■	
3. Promote livable communities and community redevelopment	■		■	
4. Enhance employment development activities, particularly workforce development	■			
5. Strengthen and expand the state's continuum of care	■	■	■	■
6. Strengthen the safety net of housing and services for special needs groups	■	■	■	■
7. Enhance the local capacity for housing and community development	■	■	■	■

Source: BBC Research & Consulting and The Keys Group, from the Indiana Consolidated Plan Coordinating Committee.

2001 Strategic Priorities and Action Items

Exhibit VI-3.

Expected Number of Persons to be Assisted with Housing Needs

Income Groups	Renters	Owners	Homeless	Other Special Needs	Total
Very Low Income (0 to 30% of MFI)	3,108	210	14,234	81	17,633
Very Low Income (31% to 50% of MFI)	2,957	1,214	0	81	4,252
Other Low Income (51% to 80% of MFI)	4,395	4,102	0	0	8,497
Total Low Income	10,460	5,526	14,234	162	30,382

Note: In each case, the total number of persons served is increased by 7 percent to reflect the total increase in Consolidated Plan funding over 2000 funding levels.

Source: BBC Research & Consulting.

It is important to note that the baseline estimates are speculative and largely dependent on historical program volumes. Enumerating the expected number of households to be served is difficult for many reasons, including:

- The demand for certain programs varies with general macroeconomic conditions. For example, the number of persons needing job training is likely to be greater in an economic downturn when unemployment is high.
- The volume of grant applications is variable from year to year. The number of applications for grant funding is also likely to vary with the business cycle.
- Much of Indiana's strategy and action plan is based on empowering and enabling third parties. Thus, it is difficult to measure the impact of the programs without the benefit of being the direct service provider.

2001 Strategic Priorities and Action Items

Monitoring

The Consolidated Plan Coordinating Committee's detailed monitoring plan is integrated into the strategy and action items portion of this section (see the "Action Items" following each strategy). The following exhibit quantifies the overall monitoring plan in terms of dollar amounts and measurable benchmarks.

The Consolidated Plan identifies the areas of greatest need for the state (and nonentitlement areas) in general, and this information is used to guide the funding priorities for each program year. However, the Plan is unable to quantify specific needs on the local level. For local needs, the Committee relies on the information presented in the funding applications.

The following projected dollar allocations and benchmarks are based on historical needs and funding allocations. These amounts are *not* a guarantee of funding allocations for the 2001 program year. The state's funding process is application driven; thus, program year funding ultimately depends on the types of needs identified by potential grantees in their applications. Therefore, the following exhibit shows what the funding allocation is expected to be *if the applications for funding received during the current program year closely resemble those received in past years.*

Exhibit VI-4.
Monitoring Plan
Target Allocations and Benchmarks, Program Year 2001

Program/Funding Source	2001 Proposed Allocations	
	Dollars	Percent
Community Focus Fund (CDBG)		
Acquisition	\$407,292	2%
Children's Services / Daycare Centers / Youth Centers	\$1,272,938	5%
Community Centers / Family Service Centers	\$2,407,323	10%
Senior Centers	\$362,037	1%
Fire Stations / Equipment	\$1,519,077	6%
Library / Lifelong Learning Center	\$764,804	3%
Community Redevelopment	\$1,809,765	7%
Affordable Housing Infrastructure	\$1,370,353	6%
Water and Sewer Infrastructure	\$14,972,511	60%
Total	\$24,886,100	100%
Community Economic Development Fund (CDBG)	\$4,000,000	100%
Planning Grants (CDBG)		
Water and Sewer Infrastructure	\$1,072,000	67%
Historic Rehabilitation / Preservation	\$96,000	6%
Senior Centers / Community Centers / Trails	\$96,000	6%
Master Planning / Strategic Planning	\$352,000	22%
Total	\$1,600,000	100%
Technical Assistance (CDBG)		
Brownfield Initiative (CDBG)	\$381,300	100%
Administration (CDBG)	\$1,400,000	100%
	\$862,600	100%
Emergency Shelter Grants (ESG)		
Essential Services	\$383,460	22%
Shelter Operations	\$1,150,380	66%
Homeless Prevention	\$209,160	12%
	\$1,743,000	100%

Note: ESG dollars are estimated to serve 3,000 beds and 25,000 persons.

Exhibit VI-4. (continued)
Monitoring Plan
Target Allocations and Benchmarks, Program Year 2001

Program/Funding Source	2001 Proposed Allocations	
	Dollars	Percent of Total Funding
Housing from Shelters to Homeownership (HOME/CDBG)		
Emergency Shelters Rehabilitation/New Construction	\$500,000	2%
Youth Shelters Rehabilitation/New Construction	\$500,000	2%
Transitional Housing Rehabilitation/New Construction	\$2,000,000	9%
Migrant Farmworker Housing Rehabilitation/New Construction	\$500,000	2%
Rental Rehabilitation/New Construction	\$2,250,000	11%
Lease Purchase Rehabilitation/New Construction	\$1,000,000	5%
Homebuyer Rehabilitation/New Construction	\$1,000,000	5%
Owner Occupied Rehabilitation	\$2,950,000	14%
Homeownership Counseling / Down Payment Assistance	<u>\$1,009,900</u>	<u>5%</u>
	\$11,709,900	55%
CHDO Works (HOME)		
HOME/RHTC	\$600,000	3%
First Home Program (HOME)	\$3,000,000	14%
Home/501c3 Bonds	\$3,300,000	16%
Administration	\$150,000	1%
	\$1,612,100	8%
Foundations (HOME/CDBG)		
CHDO Predevelopment Loans	\$250,000	1%
CHDO Seed Monty Loans	\$200,000	1%
Housing Needs Assessments	\$200,000	1%
Site-Specific Feasibility Studies	<u>\$100,000</u>	<u>0%</u>
	\$750,000	4%
Total	\$21,122,000	100%

Note: Refer to Appendix G for the proposed FY2001 HOPWA Allocation.
Source: Agency Allocation Plans, 2001.

2001 Strategic Priorities and Action Items

Exhibit VI-5. Community Development Needs, Priorities for FY2001

Source:
Indiana Department of Commerce.

Priority Community Development Needs	Need Level
Public Facility Needs	
Neighborhood Facilities	Medium
Parks and/or Recreation Facilities	Medium
Health Facilities	Medium
Parking Facilities	Low
Solid Waste Disposal Improvements	Medium
Asbestos Removal	Medium
Non-Residential Historic Preservation	Low
Other	Medium
Infrastructure	
Water/Sewer Improvements	High
Street Improvements	Medium
Sidewalks	High
Sewer Improvements	High
Flood Drain Improvements	High
Other Infrastructure Needs	Medium
Public Service Needs	
Handicapped Services	High
Transportation Services	Medium
Substance Abuse Services	Low
Employment Training	High
Health Services	Medium
Other Public Service Needs	Medium
Anti-Crime Programs	
Crime Awareness	Low
Other Anti-Crime Programs	Low
Youth Programs	
Youth Centers	Medium
Child Care Centers	Medium
Youth Services	Low
Child Care Services	Low
Other Youth Programs	Medium
Senior Programs	
Senior Centers	High
Senior Services	Medium
Other Senior Programs	Medium
Economic Development	
Rehab of Publicly or Privately-Owned Commercial/Industrial	Medium
CI Infrastructure Development	High
Other Commercial/Industrial Improvements	Medium
Micro-Enterprise Assistance	Low
ED Technical Assistance	High
Other Economic Development	Medium
Planning	
Planning	High

2001 Strategic Priorities and Action Items

Exhibit VI-6. Housing Needs, Priorities for FY2001

Source:
Indiana Housing Finance Authority.

Priority Housing Needs	Priority Need Level	
	Percentage	Need Level
Renter		
Small and Large Related	0-30%	High
	31-50%	High
	51-80%	Medium
Elderly	0-30%	High
	31-50%	High
	51-80%	Medium
All Other	0-30%	High
	31-50%	High
	51-80%	Medium
Owner	0-30%	High
	31-50%	High
	51-80%	Medium
Special Populations	0-80%	High

Appendix A.

List of Key Participants

Indiana’s 2001 Consolidated Plan Update was a collaborative project. The Indiana Department of Commerce and the Indiana Housing Finance Authority were responsible for overseeing the coordination and development of the plan. The Indiana Family and Social Services Administration (FSSA) and the Indiana State Department of Health (ISDH) assisted in development of the Plan.

The Consolidated Plan Coordinating Committee included representatives from the organizations listed above as well as individuals from the Indiana Coalition on Housing and Homeless Issues (ICHHI), the Indiana Association for Community Economic Development (IACED), the Indiana Civil Rights Commission, the U.S. Department of Agriculture Rural Development, Local Initiative Support Corporation (LISC) of Indianapolis, The Back Home in Indiana Alliance, and the U.S. Department of Housing and Urban Development. A list of the key people involved in the development of the plan follows.

John Beeson	Judy Kochanczyk
Kelly Boe	Sandra Leek
Charles Boyle	Chuck Martindale
Keith Broadnax	Deborah McCarty
Jim Cundiff	Renitra Moore-Marion
John Dorgan	Paul Neumann
Susie Harmless	Sheryl Sharpe
Larry Harris	Patrick Taylor
Martha Kenley	Christie Gillespie Williams
Michelle Kincaid	

In addition to these key players in development of the Plan, more than 500 citizens participated in the planning process by responding to a community survey, attending regional public forums, or submitting written comments to the Consolidated Plan Coordinating Committee. A list of participants in the regional forums is attached; public comments are located in Appendix E. Their input was very welcome and their thoughts much appreciated.

Appendix A.

List of Key Participants

Regional Forum Attendees

Columbia City Forum	
Mary Ellen Adkins Pathfinder Services	Dorinda Heiden Whitley County Economic Development Corp.
Ron Begarly The Begarly Group	Kathy Hever Columbia City Housing Authority
Tom Bernhard Rural Development	Laura Kaufman Housing Opportunities of Warsaw
Trudy Burman Passages Inc.	Tania Keirn Interfaith Mission Inc.
Marsha Bursey Pathfinder Services	David Lehman Passages Inc.
Robert Deal Rural Development	Gregg Pyle Kendallville Housing Authority
Beth DePoy Pathfinder Services	Don Ramsey Kendallville Housing
Scott Gates Columbia City Housing Authority	Kris Richey Interfaith Mission Inc.
Melanie Hart Kendallville Housing Authority	Tina Strayer Passages Inc.
Richard Haworth Columbia City Housing Authority	Other participants: 1 Blue River Inc.
Crawfordsville Forum	
Randy Berg Terre Haute, Indiana	Don Morrison Ecologistics Limited LLC
Chris Delnat The Will Center	Lynn Nelson Area IV Agency on Aging
Kris Ellingwood Twin Oaks Housing	Steve Proctor Community Action Program of Western IN
David A. Gatlin Crawfordsville Housing Authority	Kim Retzner Cummins Mental Health
Steve Gooch Abilities Services	Ann Sumner National City Board/ICRC Task Force
David Meadows Montgomery Co DFC	Lynn Walston National City CDA
Toni McGowen Family Crisis Shelter	Catherine Went Area IV Agency on Aging
Diana Moore Twin Oaks Housing	Merry Worley Family Crisis Shelter

Appendix A.

List of Key Participants

Jeffersonville Forum	
Barbara Anderson Haven House Services	Candace Nolan River Falls Access Ability Center
Pamela Clark Southern Indiana Minority Health	Joy Olson Clark County Health Department
Pam Colton Haven House Services	Luis Perry Haven House Services
Steve Fetter UAW 862 Legislative & Civil Rights Comm.	Luci Pope Salvation Army
Kathy Haller Jeffersonville Department of Redevelopment	Leslie Rigsby Ohio Valley Opportunities Inc.
Johnetta Hart New Albany, Indiana	Geraldo Rivera Haven House Services
Misty Jensen Clark County Health Department	Rose Marie Roberts Ohio Valley Opportunities Inc.
Pat Jewell Life Span Resources	Geneva Sams Harrison County Community Services
Joan Kemper Life Spring	Dorothy Samuel Haven House Services
Carlton Love Jeffersonville Housing Authority	Lynela Sweetman Resident/Northtown & Life Spring consumer
Benny Massey Haven House Services	Barbara Ann Tucker Haven House Services
Gary Mathis New Albany, Floyd County	Other participants: 4 Haven House Services
Peggy McCullum Have House Services	Other participants: 1 RFAAC
Penny Mitchell Providence Self Sufficiency	
Valparaiso Forum	
Karl Bauer LAC Utilities	Carol Nordstrom Christian Community Action
Rosemary Caraballo Greater Hammond Community Services	Nancy Pekarek City of Valparaiso
Christine Chapman Newton County Economic Development	Janice Ronda Porter County Division of Family & Children
Tom Clouser Town Board	Henry Setser Disabled Veteran
Mary Fick HUD Sec 8 recipient/former elected official	Caroline Shook Housing Opportunities

Appendix A.

List of Key Participants

Valparaiso Forum (continued)	
Tom Isakson Spring Valley Shelter	Barb Stanley Hammond Housing Authority
Pat Jackson Portage Township Trustee Office	Madge Whickcar Resident
LaTosha Knight Housing Opportunities	Phil Wieland The Times
Kathy Light Aliveness Project NWI	Chuck Worden Christmas in April
Joanne Maynard First Contact Inc.	Barb Young Porter County Community Foundation
Marion McDougall Porter County COA	Tim Zorn Post-Tribune
A. J. Monroe City of Portage	
Washington Forum	
Amy Altmeyer Southern Hills	Tim Knight Four Rivers
Ron Arnold Daviess County Chamber	Jane Neeley Washington Housing Authority
Tom Baumert City of Washington	William O'Brian Washington Housing Authority
Joe Boosla Washington Housing	Charla Patton Knox County Housing Authority
Gale Brocksmith Evansville Community Action Program	Mary Lou Schnell Midwestern Engineers
Myran Brown Harbor House	James Sobecki Washington Housing Authority
Flo Cavanaugh Washington Housing Authority	Mike Strahl USDA RD
Elizabeth Donaldson Consumer	Mary Lou Terrell Knox County Housing Authority
Frances Donaldson ATTIC	Kathy Todd VHA
Richy Hay Four Rivers	Other participants: 1 ATTIC
Greg Jones SIDC	Other participants: 3 Four Rivers

Appendix B.

Consolidated Plan Certifications

This appendix contains the Consolidated Plan certifications and the Form SF-424, Application for Federal Assistance. Each certification and form has been signed by a representative of the agency responsible for administering the funding. The Indiana Department of Commerce administers CDBG funds; the Indiana Housing and Finance Authority administers HOME funds; the Indiana State Department of Health administers HOPWA funds; and the Indiana Family and Social Services Administration administers ESG funds.

Certifications available upon request:

State of Indiana
Department of Commerce
One North Capital Avenue, Suite 600
Indianapolis, IN 46204
(317) 232-8831

Appendix B.

Consolidated Plan Certifications

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: State of Indiana			Organizational Unit: Indiana Department of Commerce		
Address (give city, county, State, and zip code): One North Capitol Avenue, Suite 700 Indianapolis, IN 46204			Name and telephone number of person to be contacted on matters involving this application (give area code) Mr. Charles R. Martindale (317) 232-8801		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 35-6000158			7. TYPE OF APPLICANT: (enter appropriate letter in box) A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: US Department of Housing & Urban Development		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-228 TITLE: State Administered CDBG Program			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: State Community Development Block Grant Program		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Small Cities, Counties & Towns the State of Indiana					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 06/01/01	Ending Date 05/30/02	a. Applicant #10		b. Project 1 through 10 (all)	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 38,214,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____			
b. Applicant	\$.00	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No			
e. Other	\$.00				
f. Program Income	\$.00				
g. TOTAL	\$ 38,214,000				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Thomas F. McKenna		b. Title Executive Director		c. Telephone Number (317) 232-8806	
d. Signature of Authorized Representative				e. Date Signed 1-23-01	

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Standard Form 424 (Rev. 7-97)
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Appendix B.

Consolidated Plan Certifications

STATE CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the State certifies that:

Affirmatively Further Fair Housing -- The State will affirmatively further fair housing, which means it will conduct an analysis of impediments to fair housing choice within the state, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting that analysis and actions in this regard.

Anti-displacement and Relocation Plan -- It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and implementing regulations at 49 CFR 24; and it has in effect and is following a residential antidisplacement and relocation assistance plan required under section 104(d) of the Housing and Community Development Act of 1974, as amended, in connection with any activity assisted with funding under the CDBG or HOME programs.

Drug Free Workplace -- It will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted

Appendix B.

Consolidated Plan Certifications

employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the State's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraphs 1 and 2 of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of State -- The submission of the consolidated plan is authorized under State law and the State possesses the legal authority to carry out the programs under the consolidated plan for which it is seeking funding, in accordance with applicable HUD regulations.

Consistency with plan -- The housing activities to be undertaken with CDBG, HOME, ESG, and HOPWA funds are consistent with the strategic plan.

Appendix B.

Consolidated Plan Certifications

Section 3 -- It will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.



Signature/Authorized Official

1-23-01

Date

Executive Director

Title

Appendix B.

Consolidated Plan Certifications

Specific CDBG Certifications

The State certifies that:

Citizen Participation -- It is in full compliance and following a detailed citizen participation plan that satisfies the requirements of 24 CFR §91.115 and each unit of general local government that receives assistance from the State is or will be following a detailed citizen participation plan that satisfies the requirements of 24 CFR §570.486.

Consultation with Local Governments -- It has or will comply with the following:

1. It has consulted with affected units of local government in the nonentitlement area of the State in determining the method of distribution of funding;
2. It engages in or will engage in planning for community development activities;
3. It provides or will provide technical assistance to units of local government in connection with community development programs; and
4. It will not refuse to distribute funds to any unit of general local government on the basis of the particular eligible activity selected by the unit of general local government to meet its community development needs, except that a State is not prevented from establishing priorities in distributing funding on the basis of the activities selected.

Local Needs Identification -- It will require each unit of general local government to be funded to identify its community development and housing needs, including the needs of low-income and moderate-income families, and the activities to be undertaken to meet these needs.

Community Development Plan -- Its consolidated housing and community development plan identifies community development and housing needs and specifies both short-term and long-term community development objectives that have been developed in accordance with the primary objectives of Title I of the Housing and Community Development Act of 1974, as amended. (See 24 CFR 570.2 and 24 CFR part 570)

Use of Funds -- It has complied with the following criteria:

1. Maximum Feasible Priority. With respect to activities expected to be assisted with CDBG funds, it certifies that it has developed its Action Plan so as to give maximum feasible priority to activities which benefit low and moderate income families or aid in the prevention or elimination of slums or blight. The Action Plan may also include activities which the grantee certifies are designed to meet other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available);
2. Overall Benefit. The aggregate use of CDBG funds including section 108 guaranteed loans during program year(s) 199_ , __, and __. (a period specified by the grantee

Appendix B.

Consolidated Plan Certifications

consisting of one, two, or three specific consecutive program years), shall principally benefit persons of low and moderate income in a manner that ensures that at least 70 percent of the amount is expended for activities that benefit such persons during the designated period;

3. Special Assessments. The state will require units of general local government that receive CDBG funds to certify to the following:

It will not attempt to recover any capital costs of public improvements assisted with CDBG funds including Section 108 loan guaranteed funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements.

However, if CDBG funds are used to pay the proportion of a fee or assessment that relates to the capital costs of public improvements (assisted in part with CDBG funds) financed from other revenue sources, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds.

It will not attempt to recover any capital costs of public improvements assisted with CDBG funds, including Section 108, unless CDBG funds are used to pay the proportion of fee or assessment attributable to the capital costs of public improvements financed from other revenue sources. In this case, an assessment or charge may be made against the property with respect to the public improvements financed by a source other than CDBG funds. Also, in the case of properties owned and occupied by moderate-income (not low-income) families, an assessment or charge may be made against the property for public improvements financed by a source other than CDBG funds if the jurisdiction certifies that it lacks CDBG funds to cover the assessment.


Excessive Force -- It will require units of general local government that receive CDBG funds to certify that they have adopted and are enforcing:

1. A policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in non-violent civil rights demonstrations; and
2. A policy of enforcing applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstrations within its jurisdiction;

Compliance With Anti-discrimination laws -- The grant will be conducted and administered in conformity with title VI of the Civil Rights Act of 1964 (42 USC 2000d), the Fair Housing Act (42 USC 3601-3619), and implementing regulations.

Appendix B. Consolidated Plan Certifications

Compliance with Laws -- It will comply with applicable laws.



Signature/Authorized Official

1-23-01

Date

Executive Director

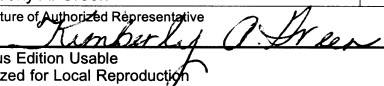
Title

Appendix B.

Consolidated Plan Certifications

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 3/22/01	Applicant Identifier
		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
		4. Date Received by Federal Agency (mm/dd/yyyy)	Federal Identifier
5. Applicant Information			
Legal Name Indiana Housing Finance Authority		Organizational Unit Community Development Department	
Address (give city, county, State, and zip code) 115 West Washington Street Suite 1350, South Tower Indianapolis, IN 46204-3413 Marion County, Indiana		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kimberly A. Green Phone: (317) 232-7777 Fax: (317) 232-7778	
6. Employer Identification Number (EIN) (xx-yyy-yy) 35 — 1485172		7. Type of Applicant (enter appropriate letter in box) A	
8. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N. Nonprofit F. Inter-municipal O. Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: HOME Investment Partnerships Program 14 — 239		9. Name of Federal Agency U.S. Department of Housing and Urban Development	
12. Areas Affected by Project (cities, counties, States, etc.)		11. Descriptive Title of Applicant's Project 2001 HOME Investment Partnerships Program activities for the State of Indiana.	
13. Proposed Project Start Date (mm/dd/yyyy) 7/1/01 Ending Date (mm/dd/yyyy) 6/30/02		14. Congressional Districts of a. Applicant 10th b. Project 1-10 (statewide)	
15. Estimated Funding <div style="background-color: #cccccc; padding: 20px; text-align: center;">Complete form HUD-424-M, Funding Matrix</div>		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Kimberly A. Green		b. Title Executive Director	c. Telephone Number (Include Area Code) (317) 232-7777
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 3/22/01	
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Appendix B.

Consolidated Plan Certifications

OMB Approval (pending)

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
HOME Investment Partnerships Program		\$16,121,000					\$16,121,000
Grand Totals		\$16,121,000					\$16,121,000

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

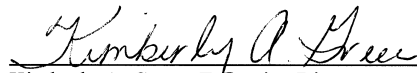
Appendix B. Consolidated Plan Certifications

HOME Certifications

The State certifies that:

Eligible Activities and Costs – It is using and will use HOME funds for eligible activities and costs, as described in 24 CFR 92.205 through 92.209 and that it is not using and will not use HOME funds for prohibited activities, as described in 92.214.

Appropriate Financial Assistance – Before committing any funds to a project, the State or its recipients will evaluate the project in accordance with the guidelines that it adopts for this purpose and will not invest any more HOME funds in combination with other Federal assistance than is necessary to provide affordable housing.



Kimberly A. Green, Executive Director
Indiana Housing Finance Authority

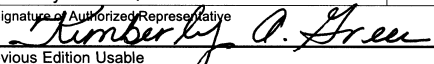
3/22/01
Date

Appendix B.

Consolidated Plan Certifications

Application for Federal Assistance

OMB Approval No. 0348-0043

1. Type of Submission Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 3/22/01	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. Date Received by State (mm/dd/yyyy)	State Application Identifier
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5. Applicant Information			
Legal Name Indiana Housing Finance Authority		Organizational Unit Community Development Department	
Address (give city, county, State, and zip code) 115 West Washington Street Suite 1350, South Tower Indianapolis, IN 46204-3413 Marion County, Indiana		Name and telephone number of the person to be contacted on matters involving this application (give area code) Kimberly A. Green Phone: (317) 232-7777 Fax: (317) 232-7778	
6. Employer Identification Number (EIN) (xx-yyyys) 35 — 1485172		7. Type of Applicant (enter appropriate letter in box) A	
8. Type of Application: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N. Nonprofit F. Inter-municipal O. Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning	
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 14 — 241 Housing Opportunities for Persons with AIDS		9. Name of Federal Agency U.S. Department of Housing and Urban Development	
12. Areas Affected by Project (cities, counties, States, etc.)		11. Descriptive Title of Applicant's Project 2001 Housing Opportunities for Persons with AIDS program activities for the State of Indiana.	
13. Proposed Project Start Date (mm/dd/yyyy) 7/1/01 Ending Date (mm/dd/yyyy) 6/30/02		14. Congressional Districts of a. Applicant 10th b. Project 1-10 (statewide)	
15. Estimated Funding <div style="background-color: #cccccc; padding: 20px; text-align: center;">Complete form HUD-424-M, Funding Matrix</div>		16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) _____ b. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.	
17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No			
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.			
a. Typed Name of Authorized Representative Kimberly A. Green.		b. Title Executive Director	c. Telephone Number (Include Area Code) (317) 232-7777
d. Signature of Authorized Representative 		e. Date Signed (mm/dd/yyyy) 3/22/01	

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form SF-424 (7/97)
Prescribed by OMB Circular A-102

Appendix B.

Consolidated Plan Certifications

OMB Approval (pending)

Federal Assistance Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which Federal funding is being requested, and complete the certifications.

Program*	Applicant Share	Federal Share	State Share	Local	Other	Program Income	Total
Housing Opportunities for Persons with AIDS		\$686,000					\$686,000
Grand Totals		\$686,000					\$686,000

* For FHIPs, show both initiative and component

Instructions for the HUD-424-M

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form is to be used by applicants requesting funding from the Department of Housing and Urban Development for application submissions for Federal assistance.

Enter the following information:

Program: The HUD funding program you are applying under.

Applicant Share: Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

Federal Share: Enter the amount of HUD funds you are requesting with your application.

State Share: Enter the amount of funds or cash equivalent of in-kind services the State is contributing to your project or program of activities.

Local Share: Enter the amount of funds or cash equivalent of in-kind services your local government is contributing to your project or program of activities.

Other: Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being contributed to your project or program of activities.

Program Income: Enter the amount of program income you expect to generate and contribute to this program over the life of your award.

Total: Please total all columns and fill in the amounts.

Appendix B. Consolidated Plan Certifications


HOPWA Certifications

The State certifies that:

Activities – Activities funded under the program will meet urgent needs that are not being met by available public and private sources.

Building – Any building or structure assisted under the program shall be operated for the purpose specified in the plan:

1. For at least 10 years in the case of any building or structure purchased, leased, rehabilitated, renovated, or converted with HOPWA assistance.
2. For at least 3 years in the case of assistance involving non-substantial rehabilitation or repair of a building or structure.



Kimberly A. Green, Executive Director
Indiana Housing Finance Authority

3/22/01
Date

Appendix B.

Consolidated Plan Certifications

ESG Certifications

The State seeking funds under the Emergency Shelter Program (ESG) certifies that it will ensure that its recipients of ESG funds comply with the following requirements:

Essential Services -- Where the assistance involves essential services or maintenance, operation, insurance, utilities and furnishings, it will provide services or shelter to homeless individuals and families for the period during which the ESG assistance is provided, without regard to a particular site or structure as long as the same general population is served.

Renovation -- Any renovation carried out with ESG assistance shall be sufficient to ensure that the building involved is safe and sanitary.

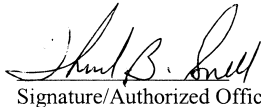

Supportive Services -- Will assist homeless individuals in obtaining appropriate supportive services, including permanent housing, medical and mental health treatment, counseling, supervision, and other services essential for achieving independent living, and other Federal State, local, and private assistance for such individuals.

Matching Funds -- Will obtain matching amounts required under 24 CFR §576.71.

Confidentiality -- Will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided family violence prevention or treatment services under any project assisted under the ESG program, including protection against the release of the address or location of any family violence shelter project except with the written authorization of the person responsible for the operation of that shelter.

Homeless Persons Involvement -- To the maximum extent practicable, will involve, through employment, volunteer services, or otherwise, homeless individuals and families in constructing, renovating, maintaining, and operating facilities assisted under this program, in providing services assisted through this program, and in providing services for occupants of such facilities.

Consolidated Plan -- Is following a current HUD-approved Consolidated Plan or CHAS.

 
Signature/Authorized Official Date

Deputy Director of Division of Family and Children
Title

Appendix B.

Consolidated Plan Certifications

APPENDIX TO CERTIFICATIONS

INSTRUCTIONS CONCERNING LOBBYING AND DRUG-FREE WORKPLACE REQUIREMENTS:

A. Lobbying Certification

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

B. Drug-Free Workplace Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification.
2. The certification is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, HUD, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio stations).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).

Appendix B.

Consolidated Plan Certifications

6. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)
One North Capitol Avenue, Suite 700, Indianapolis, IN 46204

Check ☐ if there are workplaces on file that are not identified here; The certification with regard to the drug-free workplace required by 24 CFR part 24, subpart F.

7. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C.812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Appendix C.

Community Survey Instrument

In January 2001, 3,000 surveys were distributed to local government officials, community leaders, housing providers, economic development professionals, social service organizations, and others. The survey asked respondents a number of questions about housing and community development needs, including fair housing accessibility, in their communities. A total of 347 surveys were returned, for a response rate of 12 percent. This response rate is very strong for a survey that was as detailed and widely distributed as the 2001 survey.

Surveys were received from 85 of the 92 counties in Indiana, which was excellent coverage, especially given the comprehensiveness of the survey. About 42 percent of respondents represented local governments; 13 percent represented housing providers; 7 percent were received from respondents working in economic development; 11 percent were received from citizens; and 28 percent of respondents listed the organizations they represent as “Other.” Many respondents chose to classify their organization as this way because of its specific organizational mission (e.g., advocacy, education and outreach, a focus on special needs groups, etc).

A copy of the survey follows. Also attached is a list of the written comments received from the survey respondents.

Appendix C.

Community Survey Instrument



3773 Cherry Creek North Drive
Suite 850
Denver, Colorado 80209-3827
303.321.2547 fax 303.399.0448
www.bbcresearch.com
bbc@bbcresearch.com

January 19, 2001

Re: State of Indiana Housing & Community Development Needs

To All Interested Parties:

The State of Indiana is currently preparing its 2001 Consolidated Plan Update – a report required by the U.S. Department of Housing and Urban Development in order to receive housing and community development block grant funding. In FY2001, the State is eligible to receive **\$53 million** in Federal housing and community development assistance. In the past, these dollars have funded homeownership and rental assistance programs, construction of homeless and domestic violence shelters, water and sewer infrastructure redevelopment, and programs that assist people with special needs. The funds are distributed by the State of Indiana to nonprofit housing and community development organizations throughout the state.

BBC Research & Consulting is assisting the State with the preparation of its FY2001 Consolidated Plan Update. We are working in association with the Indiana Department of Commerce, the Indiana State Department of Health, the Indiana Housing and Finance Authority and the Family and Social Services Agency.

We want to know about your community's needs. Public participation is an integral part of the Consolidated Planning process. We are conducting three large outreach efforts this year:

- a housing and community development needs survey (enclosed),
- six regional public forums, and
- two public hearings.

Survey. Please take a few minutes to fill out the enclosed survey, and return it to us in the enclosed postage prepaid envelope by February 4, 2001. We realize that some survey questions may not apply to you specifically, but any input you can provide is valuable to this process and would be greatly appreciated. This same survey has been sent to approximately 3,500 other Indiana local officials, advocates, and community leaders.

Appendix C.

Community Survey Instrument

Page 2

Regional forums. In addition, a series of participatory public forums have been scheduled in locations across the state. These forums have been designed to facilitate discussion about housing and community development issues. Below is a list of meeting dates, times and locations. Your input is welcome at any of the forums.

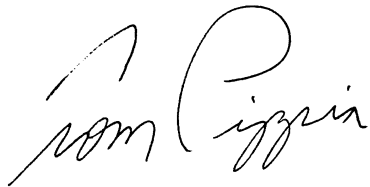
- **Valparaiso:** February 26th at City Hall, 166 Lincoln Way, 2 P.M.
- **Columbia City:** February 27th at Marshall Community Center, 107 No. Walnut, 2 P.M.
- **Crawfordsville:** March 1st at St. Claire Neighborhood Clinic, 407 E. Market Street, 2 P.M.
- **Washington:** March 5th at Washington Community Center, 501 Burkhart Drive, 2 P.M.
- **Jeffersonville:** March 6th at Gilt Edge Baptist Church, 1713 Green Street, 2 P.M.
- **Columbus:** March 12th at the Columbus Visitor's Center, 506 Fifth Street, 2 P.M.

Public hearings. In addition, you are welcome to attend one of the two public hearings to review the draft of the FY2001 Consolidated Plan Update. They will be held between 2 and 4 P.M. on April 23rd at City Hall in Seymour and April 24th at the Marion Public Library in Marion.

You can also participate in the Consolidated Planning process by sending written comments to Consolidated Plan, Indiana Department of Commerce, Controller's Office, Grants Management Division, One North Capitol Avenue, Suite 700, Indianapolis, IN 46204-2248. Contact Kelly Boe at the Department of Commerce, 1-800-824-2476 or 317-232-8800, for more information about the forums and hearings. You can access the FY2000 Consolidated Plan through the Indiana Housing Finance Authority's website at <http://www.state.in.us/ihfa> or the Indiana Department of Commerce website at <http://www.indianacommerce.com>.

Thank you in advance for your assistance.

Sincerely,



Tom Pippin
Managing Director



Heidi Aggeler
Associate

Appendix C.

Community Survey Instrument

2001 Indiana Consolidated Plan Update Survey

Please answer each question to the best of your ability. If a particular question does not apply to you, or if you do not have knowledge of the subject matter, please feel free to skip the question.

Respondent Information

Name/Organization (optional) _____ City, County _____

1. Which of the following service categories best describes you or your organization?

- | | | |
|---|--|---|
| <input type="checkbox"/> Housing Provider | <input type="checkbox"/> Local Government | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Citizen | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Housing Developer |
| <input type="checkbox"/> Property Mgmt. | <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Other _____ |

2. What is your organization's service area?

- | | | | |
|---|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1...City (_____)
please specify | <input type="checkbox"/> 2...County (_____)
please specify | <input type="checkbox"/> 3...Regional | <input type="checkbox"/> 4...National |
|---|---|---------------------------------------|---------------------------------------|

Housing

Inventory/Quality

For statements 3 through 5, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

3. "There is enough housing in this community to meet the demand."

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

4. "The housing stock in this community is in good condition."

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

5. "Many dwelling units in this community are overcrowded."

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

6. On a scale of 1-5, how would you rate the quality of single family housing stock in your community (with 1 being Very Good and 5 being Very Poor)?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

7. On a scale of 1-5, how would you rate the quality of multi family housing stock in your community (with 1 being Very Good and 5 being Very Poor)?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

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Community Survey Instrument

Affordability

For statements 8 through 10, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

8. "There is enough affordable housing in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
9. "Homeowners in this community can generally afford to make minor housing repairs."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
10. "Renters in this community can get landlords to make needed repairs."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
11. Please estimate the current monthly rent for the following size units. Please give a range.
- | | |
|------------------------|-----------------|
| Studio/Efficiency_____ | 3 Bedroom_____ |
| 1 Bedroom_____ | 4+ Bedroom_____ |
| 2 Bedroom_____ | |
12. To your knowledge, what is the average value of a modestly sized "starter" home? _____
13. In your opinion, which of the following housing types are needed most in your area?
- ☐ Multifamily ☐ Retirement ☐ Other (please specify) _____
- ☐ Single family ☐ Emergency shelters
- At what rents _____? Purchase price _____?

Special Needs Housing

For statements 14 through 20, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

14. "The housing and related needs of people who are homeless are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
15. "The housing and related needs of people with physical disabilities are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
16. "The housing and related needs of people with developmental disabilities are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
17. "The housing and related needs of people with severe and persistent mental illnesses are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
18. "The housing and related needs of the elderly are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
19. "The housing and related needs of people with HIV/AIDS are adequately served in this community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Appendix C.

Community Survey Instrument

20. "The housing and related needs of seasonal farm workers are adequately served in this community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

21. For the special needs groups listed in the questions above, how can the housing and related needs be better met? Please be specific.

22. Please identify the supportive services in your community that are currently available to special needs populations. Check all that apply.

☐ Transportation ☐ Job Training ☐ Child/Adult Day Care
☐ Meals ☐ Health Care ☐ Substance Abuse Treatment
☐ Case Management ☐ Home Repair Assistance ☐ Other _____

Are these services adequate? Please explain.

23. Please identify any supportive services that are not available but are in demand:

24. Do you feel that special needs populations are adequately aware of the services available to them?

☐ Yes ☐ No

If no, do you believe a resource guide is needed?

☐ Yes ☐ No

If yes, what kind?

☐ Help phone line ☐ Internet-based guide/online search ☐ Paper handbook

Fair Housing

For statements 25 through 34, please indicate whether you: **1**...Strongly Agree; **2**...Agree; **3**...Neither Agree nor Disagree; **4**...Disagree; or **5**...Strongly Disagree.

25. "Zoning laws in my community (e.g., growth boundaries, minimum lot sizes) encourage segregated housing."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

26. "Minorities, large families, and persons with disabilities can obtain desirable housing in any area of my community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

27. "Landlords in my community can limit the number of children living in an apartment."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

28. "It is easy to obtain loans from financial institutions and mortgage companies in my community."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

29. "Insurance companies offer policies within 100% replacement value to lower income and first time homebuyers at reasonable rates."

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Appendix C.

Community Survey Instrument

30. "Lower income families are able to refinance their homes at competitive interest rates."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
31. "Housing discrimination happens in my community."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
32. "The people in my community know that discrimination is prohibited in the sale and rental of housing, mortgage lending and advertising."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
33. "The people in my community know whom to contact when facing housing discrimination."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
34. "The housing enforcement agency in my community has sufficient resources to handle to amount of discrimination that may occur."
- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
35. Are the following barriers to housing choice? Check those that apply.
- ☐ Cost of housing ☐ Housing discrimination ☐ Distance to employment
☐ Public transportation ☐ Lack of accessibility requirements for physically disabled
36. Is discrimination in housing a problem in your community based on (check those that apply):
- ☐ Race ☐ Family size ☐ Language (Spanish speaking, other)
☐ Age ☐ Gender ☐ Disability (Physical, mental and HIV)

Fair Housing Policy

37. When advertising job vacancies, does your organization state that it is an Equal Opportunity Employer?
- ☐ Yes ☐ No
38. Have any equal opportunity complaints been filed against your organization in the past five years?
- ☐ Yes ☐ No
- If yes, what was the nature of the complaints?
39. Do you have the following?
- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Fair Housing Resolution/Ordinance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Affirmative Action Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Equal Opportunity Ordinance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
40. Has the Resolution/Ordinance been approved by the State?
- ☐ Yes ☐ No
41. Has the community joined forces with any other group agency or organization to promote fair housing?
- ☐ Yes ☐ No
- If yes, please describe these activities.

Appendix C.

Community Survey Instrument

42. Does your community have or have access to a Civil Rights Commission/Office?

☐ Yes ☐ No

43. Has the community identified or sought to identify any impediments to fair housing?

☐ Yes ☐ No

If yes, please describe these activities.

44. Have there been any efforts to affirmatively further fair housing issues for those in need?

☐ Yes ☐ No

If yes, please describe how these services are provided.

45. Have there been housing complaints filed against your organization with the past five years?

☐ Yes ☐ No

If yes, please describe the nature of the complaint(s).

Most Important Housing Issues

46. In your opinion, what are the three most important housing issues in your service area or community? How would you rate them on a scale of 1 to 10, where 1 is the least serious and 10 is the most serious?

Issue

Rate

_____	_____
_____	_____
_____	_____

47. If you could change elements of existing housing policy, or a single housing program, what would you change, and why? Please be specific.

48. To your knowledge, which groups of people in your community have the greatest unmet housing needs, and why? (Groups can be categorized by age, income, ethnicity, geography, disability status, etc.)

49. Are there housing policies or programs in other communities that could benefit this community? Please provide examples.

Community Development

50. In your opinion, what are the three most important non-housing community development needs in your service area of community (e.g., specific infrastructure improvements, facilities for special populations, revitalization of the central business district or targeted neighborhoods)? Please rate them on scale of 1 to 10, with 1 being the least important and 10 being the most important.

Need

Rate

_____	_____
_____	_____
_____	_____

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51. To your knowledge, has the number of jobs in your community increased or decreased over the past 5 years?

- ☐ Increased ☐ Decreased ☐ Do Not Know

51a. Has the perception of your community gotten better or worse over the last 5 years? Why or why not?

On a scale of 1-5, how would you rate the quality of the following (with 1 being Very Good and 5 being Very Poor)?

52. Community facilities:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

53. Water/sewer:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

54. Economic development:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

55. Public infrastructure:

- ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Housing and Community Development Programs

56. Are you aware of the Community Focus Fund (CFF) administered by the Indiana Department of Commerce (IDOC)?

- ☐ Yes ☐ No

57. Has your community applied for and/or utilized CFF funding for local projects?

- ☐ Yes ☐ No ☐ Don't Know

57a. If so, how has your community utilized CFF funding?

58. Do you have any suggestions on how IDOC can improve the CFF process? Please explain.

59. Are there any other important community development needs/issues that have not been addressed by the above questions? If so, please explain.

Thank You For Your Assistance.

Appendix C.

Community Survey Instrument

If you could change elements of existing housing policy, or a single housing program, what would you change and why? Please be specific.

Additional housing for elderly
affordable housing
Allow IHFA to fund programs for home modifications for accessibility
Allow larger families in small apartments. Allow families with bad credit history into subsidized housing
Attitude of landlords - to be more considerate
Availability
Be employed - too many free loaders
Better enforcement of code- Go after slumlords who take advantage of immigrants
Build a subsidized housing unit that was geared for low functioning parents w/children where you would have daycare available on site & other services
Build homeless shelter, expand Horizon House for families, build transitional housing
Build more low income housing
Built more single dwelling at an affordable price. Built in a safer neighborhood.
Change availability to purchase requirement to be more in credit issues
Clean up of obsolete and dismal rental properties in Brazil
Clean up the subsidized housing - inspire safety, clean grounds, paint, etc.
Cleaning housing
Cost - job losses have caused higher unemployment rates and lower incomes
Cost of living in the 90's goes up - low income rent should go down
Countywide zoning laws to redistribute low income housing throughout county
Diversity existing boards to have a fairer representation of needs
Don't give utility payment to the indiv in section 8 housing. Make payment to landlord.
Don't over zone - no one will ever put a cheap trailer on a \$60,000 lot
Eliminate the duplication of many of the reports yet be responsible to ensure fair low/moderate income housing provided as well as fiscal responsibility of owner and management
Eliminated some of the regulations to make it easier for more people to qualify.
Emphasis on home/tax credit programs should not be so favorable to 30% and 40% ami households.
Encourage reinvestment into exsiting areas - encourages investment in surrounding community, discourages sprawl
Encouragement of congregate housing for special needs populations
Enhance home repair and maintenance for elderly
Expand current programs
Expand housing to rural areas of our six counties
Fair market rents are very low and private landlords have gone out of rental business
Focus home ownership assistance dollars on multi family units, not single family
Formerly homeless youth who are in school should be allowed to live in tax-credit projects. This rule makes no sense
Funding for transitional and long term affordable housing
Go by need and not always income
Have more housing for indigent, elderly and homeless
HUD money would not build multi-housing. Habitat would move out of target area - affordable retirement homes - keep large homes intact for large families
I don't have knowledge of housing policies
I don't know existing policy
I would give consumer control of the money and choice
I would like to see government pay a portion of the rent on more of our multifamily units in our town
I would like to see the Section 8 Housing waiting list shorter
IHFA should be more flexible. They add on too many regulations in addition to the federal regulations and the system becomes unwieldy

Appendix C.

Community Survey Instrument

If you could change elements of existing housing policy, or a single housing program, what would you change and why? Please be specific. (continued)

Improve methods of notifying others of available housing
Improved planned unit development ordinance and standards to encourage mixture of housing types, prices, etc.
Increase income limites for low income housing
Increase more first time homeowner purchase opportunities
Increase Section 8 availability
Increase subsidy to lower interest rates
Increase the available funds
Increase voucher program for working families
Introduce a community wide (not just downtown) public awareness forum
Just have more good housing (2-3 bedroom) available for less than \$100,000
Landlords denying rentals to people on welfare
Less regulation to receiving grants from IHFA and Commerce. Allow program in housing to meet needs on an individual basis rather than across the board
Let local officials handle money, too much spent on administration or politics takes over. We know our needs moreso than someone in Indianapolis or Washington DC
Make landlords have a house liveable beofre renting it to someone
Medicaid waiver program, served by FSSA, too much red tape, time delays, staff lacks knowledge of rehab service required in field with restrictive bidget
More grant money for nonprofit organizations with less restrictions. Need more money to cover costs of lead based paint issues.
More Section 8 assistance in rural counties with limited public housing
Most people fail to access affordable housing due to bad credit, lack of deposit, low income
Need assistance for rentals available
Need to pay more salary to lower income to afford more decent housing
Offer single family housing to low income and elderly. Our community is mostly elderly and low income younger people. We have little rental available.
Opportunity for people with disabilities
People have to be homeless in order to get HUD grant assistance. Many at risk homeless persons need assistance
Plan Commission Authority
Plan for housing for seniors only, not mixed with subsidy single family
Provide more relaxed guidelines for home repair assistance
Rehab through community family services. Not enough grant and two year waiting list
Remove gambling money from state grants so that faith based programs can once again be funded by the state. Gambling money can be used elsewhere.
Residential apartemnts for low-moderate income families be allowed with less public scrutiny
Section 8 payments to subsidize home ownership mortgages. This would help to support building self sufficiency, a sense of ownership to the community and self esteem.
Seperate seniors from "disable" younger residents.
Slum lords are in control of housing in this county.
The 2 year wait for certification
The insisntence of historic preservation before affordability and quality improvements (necessary improvements) are considered
The town is landlocked, with little or no new property to build homes. The town is currently proposing annexation of more property
There is no community housing policy. The thing needed the most is to have something in place that addresses the needs of the underserved
We need more HUD money, we need low cost housing
Would create a post-purchase maintenance incentive program
Zoning for new development can be blocked by bigoted neighbors

Appendix C.

Community Survey Instrument

Are there housing policies or programs in other communities that could benefit this community? Please provide examples.

ADA, Olmstead, Fair Housing Act

Affordable housing provided by community housing to homeownership

CDBG grants for repairs to existing homes for low to moderate income individuals.

Density Development Incentives - Bloomington, Self-help programs - Ft. Wayne, Housing Maintenance Programs - Bloomington, Vincennes

Develop affordable homes and rentals

Easier access to programs that lead to housing developments and incentives for developers to build single family housing developments in rural areas

Enforce conditions of housing

Expanded Section 8 would be most cost effective until expected planned affordable housing options can be initiated locally.

Faith based community has not been adequately tapped as in other communities

Habitat for Humanity

Homeowner rehabilitation loans

Housing authority

Housing Authority in Adams County offers rental assistance

HUD, Section 8 (available slots) FUP

Look all over. In several areas older buildings are being converted to assisted living, subsidized apartments for those with disabilities

Louisville, KY has a program using HUD money building single family homes (that beats Habitat houses in looks) for \$50,000 - \$80,000

Low income apartments

Mixed use housing policies in Chevy Chase, MD

Neighborhood housing - LaFayette, Indiana

Our city has developed a housing rehab program for disabilities that could be easily duplicated by other communities. Service could be proved countywide if IHFA would change scoring methods for CDBG

Public transportation would allow families to go further than walking distance for jobs

St. Vincent DePaul has a program which helps homeless families get furniture to start their after shelter lives. Indianapolis

The Michigan HFA has a lot of innovative programs - have a PILOT (Payment In Lieu Of Taxes), more funding for the State Housing Trust Fund

The Montgomery County agencies assist our town

Transitional housing for at risk families, homeless shelter for singles

We are looking at rental inspections ordinances from other communities: Goshen, New Albany

Appendix C.

Community Survey Instrument

Are there any other important community development needs/issues that have not been addressed by the above questions? If so, please explain.

All farming community, no town or business of any kind.

Area youth development (except for sports activities) are totally neglected in Fairmount. Youth have no place to gather, play or otherwise participate in beneficial development activities

Build NP capacity, IHFA is too restrictive - this is crippling some NPs. IHFA is understaffed, esp. in tax credit dept., Few IHFA staff, have RE Exp.

Continued planning on Economic Development issues.

Coordinate and communicate with other branches of government (FSSA, etc.)

Domestic violence shelters need to be located closer to our community

Extreme sports facilities are needed for the youth for skateboarding, rollerblading, cycling and now the new scooter rage. They need a safe, drug free space

Help with prescription drugs for the working poor, essential utilit help with water, gas, electric bills, help more with food stamps (working poor), transportation in rural areas.

Housing impacts to the school system, housing impacts to local transportation system and networks

In general, small towns rely on volunteers for much of their com dev. Our organization nor the town have resources for grant writing, admin or mgmt. I feel grants are better spent in my community

Instructional visits to small towns

Leak to economic workforce development

Loss of small businessman to large chains

More resources targeted toward non-housing needs for urban areas

Need sanitary sewer system county wide.

Primary streets at edge of city, new streets neet to be planned for - funds to construct will be a major problem - present primary streets are narrow - heavy traffic - no place for pedestrians

Renters do not earn enough to pay rent, after utilities are paid. Therefore our office is requested to help frequently for rent assistance

Sewage infrastructure

There are no community recreation centers for our young adults to go to for recreation or entertainment

There is a need for better networking. Companies that might choose to locate in Lowell are steered to communities with more political clout. We need to have the opportunity to sell our community as a good place to locate with an outstanding workforce.

Translating services

Treatment and managers of Grays Homes - developmental disabilities

Water is critical for any development in Clay county. City of Brazil cannot presently handle the water needs.

We are a rural community - no town, just farms so housing is for farm owners, employees of farm and young family members build new homes near the farm. Very few rentals and no apartments or subdivisions, so survey doesn't fit our community

We are faced with people who don't want change. They are afraid improvements mean higher taxes.

We must continue to upgrade living conditions and increase annyal salaries.

We need an outgoing souce of revenue for needed projects - not just hit or miss with monies going to non-productive services. Too much administration and studies

We need more housing to help make our area grow

We need to prevent annexation by Muncie of our "rich" area!

We sued to have an active community development specialist from IDOC working with us. I don't see that happening anymore.

Yes - a revision of the "Build Indiana Fund" to allow non-entitlement communities access to this money for "match requirements" related to housing programs

Yes, the state regulations rent limits are always too low and this creates difficulty in construction of affordable housing. The state regulates are more stringent than federal regulations.

Appendix D.

Community Participation Plan

The Citizen Participation Plan described below is the evolution and actualization of many years of thoughtful broad base and targeted planning. It was drafted in accordance with Section 91.110 of HUD's Consolidated Plan regulations. The plan was developed around a central concept that acknowledges residents as stakeholders and their input as key to any improvements in the quality of life for the residents who live in the community.

During the past five-year cycle, each year the Citizen Participation Plan was revised to enhance the participation efforts of the previous year; this year was no different. The emphasis of the plan is to provide citizens in the State of Indiana maximum involvement in the development of the issues and initiatives. Every year the citizen participation plan is designed to provide citizens of all ages, genders, economic levels and races equal access to become involved and each year there is a special effort to reach sub-populations who are marginalized in most active participation processes. Thus, we can safely say from the onset of the first community forum to the distribution of the surveys and writing of the plan, the voices of Indiana residents, government, nonprofit organizations, special needs populations and others were heard loud and clear and reflected in the drafting of the document.

The participation process was developed and monitored by a Consolidated Plan Coordinating Committee consisting of representatives from the Indiana Department of Commerce (IDOC), the Indiana Housing and Finance Authority (IHFA), the Indiana Family and Social Services Administration (FSSA), and the Indiana State Department of Health. The committee also includes representatives from the Indiana Association for Community and Economic Development (IACED), the Indiana Civil Rights Commission (ICRC), the Indiana Coalition on Housing and Homeless Issues (ICHHI), Local Initiatives Support Corporation (LISC), The Back Home in Indiana Alliance and the U.S. Department of Agriculture/Rural Development. In addition, the State representative from HUD served as an advisor to the committee. The purpose of the committee was to monitor the drafting of the plan from initiation to submission.

The Participation Process

The participation process included six phases and took seven months to complete. There were multiple approaches used to inform residents of the process and the gathering of community opinions, in an effort to maximize community input and involvement. Citizens throughout the state were actively sought to participate or provide input. To this end, the process entailed six phases: Phase I - Development of Process Resources and Distribution of Process Information, Phase II - Forum Preparation and Implementation, Phase III - Target Population Survey Distribution, Phase IV - Strategic Action and Allocation Plan Development, Phase V - Public Hearing and Phase VI – Public Comment Period.

Appendix D.

Community Participation Plan

Phase I – Resources Development & Distribution of Process Information. During the months of November and December, brochures were designed to be informational invitations to all stakeholders. Like the former year’s brochure, the design included a general description of the Consolidated Plan and its purpose, and a list of regional forums and public hearings locations and times. However, unlike the former year, the brochures also included a brief description of the four granting agencies (IDOC, IHFA, FSSA and the Indiana Department of Health), a description of the purpose of the funding and the dollar amount. Also, the brochure included a statement in reference to the many ways citizens can become involved in the process. Approximately 5,000 brochures were sent to individuals and agencies. (A copy of the brochure can be found at the end of this section).

In addition, the four granting agencies developed presentations summarizing the four HUD programs and how communities can apply for funding. At each of the forum sessions, agency representatives gave a ten to fifteen minute presentation about the HUD programs they administer, funding availability, program requirements, and the application process. The representatives also answered questions.

Phase II – Forum Preparation and Implementation. For the FY2001 plan, forums were held in six sites throughout the state. Special sessions targeted to people with disabilities were held prior to the regular public forums. Community residents were informed of the meetings using many methods, including distribution of brochures, personal contact with agencies and advocates, and media releases.

The six forums were regionally distributed with two in the northern, two in the southern and two in the central counties of the state. All of the sites that were selected were accessible to the disabled.

The forum format was redesigned this year in an attempt to enhance citizens’ understanding of the programs and funding process. The emphasis of the effort was to provide more information about program regulations and agency-specific application and funding requirements. The redesign included formal presentations from the grantee agencies, including a description of the HUD programs, how to contact program representatives, and how to obtain technical assistance. Technical assistance was also offered during the forum sessions.

The forums also included an exercise in which citizens were asked to allocate paper money (“Indy-opoly”) to the community needs that they had identified. It was hoped that this exercise would better educate citizens about the use of the HUD grants, and, through the constraints imposed on the amount of funding available, give the committee input in the prioritization of needs.

The forums were intended to provide Indiana residents the opportunity to voice their opinion and provide insight into the issues prevalent in their communities. The agenda for the forums and the worksheets used in the exercises follow at the end of this section.

Appendix D.

Community Participation Plan

Phase III – Key Person Survey Distribution. During the months of December through mid-February more than 3,000 surveys were sent to key persons throughout the state, including local government officials, service providers, advocacy organizations, housing and community developers, and others. More than 10 percent of the surveys were received completed. The letter that accompanied the survey also informed respondents about the forums and public hearings.

Phase IV – Strategic Action and Allocation Plan Development. After all the survey and forum data had been analyzed, the Consolidated Plan Coordinating Committee met to audit the five-year strategies and action plan and allocation plans against the top needs. Development of the plan was a threefold process. First, members of the Committee read the draft Consolidated Plan individually and developed a list of the most important needs for the state. The Committee members evaluated both the needs that were indicated in the socioeconomic and market analyses of the Plan, and those directly expressed from attendees at the regional forums. The individual lists were combined and a comprehensive needs list was developed. Using the list of needs as a working document, the Committee examined the goals, strategies, and action items of the five-year planning period to ensure that they were still meeting the needs expressed by the public.

Phase V – Public Hearing. Public hearing notifications were sent to forum participants, agencies, residents and targeted groups. On April 23 and 24th, 2000 two public hearings were held in Seymour and Marion. These site selections are a departure from years past, where the public hearings have been held solely in Indianapolis. The hearings were moved this year in an effort to be closer to nonentitlement areas.

Prior to the public hearing, copies of the draft five year Consolidated Plan were made available in libraries, at agency offices, and on agency web pages. The public notification of the hearings included a list of locations where the Plans were available and a contact for requesting a Plan.

During the session, executive summaries of the Plan were distributed and instructions on how to submit comments were given. In addition, participants were given an opportunity to provide feedback or comment on the draft.

Phase VI – Comment Period. The 30-day comment period began April 10th and continued through May 9th. Following the publication and distribution of the Plan, residents were provided information about how to submit comments and suggestions on the draft. A summary of public comments is included in Appendix E of the report.

Attached to this section are copies of all of the materials utilized by the Committee to publicize the forums and public hearings.

Appendix D. Community Participation Plan



To: All HOME & CDBG Recipients, PHAs, & CHDOs
From: IHFA Community Development Department
Date: February 2, 2001
Re: State of Indiana Consolidated Plan – 2001 Public Forums

Notice: FSP-01-01

The time has arrived for our Regional Forums to receive citizen input for Indiana's 2001 Consolidated Plan Update. This year, we'll be meeting in Valparaiso, Columbia City, Crawfordsville, Washington, Jeffersonville, and Columbus to hear your ideas about how to address local housing and community development needs.

The enclosed brochure describes the Consolidated Plan and the Federal funding programs involved and gives the date and specific location of the Forums. We encourage your organization to take advantage of the public comment process as an opportunity for your clients and staff to express their views. In particular, public housing authorities are encouraged to become involved in the planning process so that you can ensure that your local agency plans remain consistent with the policies of the State Consolidated Plan.

Your assistance and participation in the planning process will help make the 2001 Consolidated Plan Update a more valuable tool for us all.

If you would like to request a supply of brochures to distribute to your clients or if you have any questions regarding the Consolidated Plan process, please contact Sheryl Sharpe, Development Manager, or Michelle Kincaid, Compliance Manager, at (800) 872-0371.

115 W. Washington St.
Suite, 1350, South Tower
Indianapolis, IN 46204

(317) 232-7777
(800) 872-0371
<http://www.state.in.us/ihfa>



Appendix D.

Community Participation Plan

From: Nicholas Murphy [namurphy@ihfa.state.in.us]
Sent: Thursday, February 15, 2001 8:33 AM
To: 'ihfa-info@ai.org'
Subject: IHFA Housing News for February 15, 2001

IHFA Housing News for February 15, 2001

- * February Board Meeting
- * Revised Qualified Allocation Plan
- * Consolidated Plan Regional Forums and Public Hearings

- * February Board Meeting

The February meeting of the IHFA Board of Directors has been canceled.
The next meeting will be held on Thursday, March 22, 2001.

- * Revised Qualified Allocation Plan

The revised version of the 2001 Qualified Allocation Plan for the State of Indiana will be available on our website on Friday, February 16, 2001.

QAP on the Web:
<http://www.state.in.us/ihfa/ihfaprograms/rentalhousing/taxcredits/taxcredits.htm>

- * Consolidated Plan Regional Forums and Public Hearings

These meetings give you the opportunity to discuss your region's need with state agencies, homeless and housing providers, health professionals, elected officials, and other concerned citizens.

Regional forums occur from 2:00-4:00 PM local time and will take place at the following locations:

February 26
Valparaiso, IN, City Hall, 166 Lincoln Way

February 27
Columbia City, IN, Marshall Community Center, 107 N. Walnut

March 1
Crawfordsville, IN, St. Claire Neighborhood Clinic, 407 E. Market St.

March 5
Washington, IN, Washington Community Center, 501 Burkhart Dr.

March 6
Jeffersonville, IN, Gift Edge Baptist Church, 1713 Green St.

Appendix D.

Community Participation Plan

March 12
Columbus, IN, Columbus Visitor's Center, 506 Fifth St. (Fifth and Franklin)

If you cannot attend a regional forum, you can attend a public hearing in April 2001, where identified community needs and fund allocations will be discussed. The hearings will be held from 2:00-4:00 PM local time at these locations:

April 23
Seymour, IN, City Hall, 309 N. Chestnut St.

April 24
Marion, IN, Marion Public Library, 600 S. Washington St.

For more Consolidated Plan information, follow this link:
<http://www.state.in.us/ihfa/ihfaprograms/development/consolidplan/plan.htm>

A Note About IHFA News Services

There are currently three services to choose from: IHFA-INFO is for partners, IHFA-NEWS is for news organizations, and IHFA-DGST (Digest) is a monthly compendium for the general public. If you want to become a member of a different service or unsubscribe from this service, please follow this link, <http://www.state.in.us/ihfa/news/ihfainfo.htm>.

Appendix D.

Community Participation Plan

Subject: FW: IHFA Housing News: News Release and Notice of Public Hearing

NOTICE OF PUBLIC HEARING

FY 2001 CONSOLIDATED PLAN FOR FUNDING
INDIANA DEPARTMENT OF COMMERCE
INDIANA HOUSING FINANCE AUTHORITY
INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
INDIANA DEPARTMENT OF HEALTH

Pursuant to 24 CFR part 91.115(a)(2), the State of Indiana wishes to encourage citizens to participate in the development of the State of Indiana Consolidated Plan for 2001. In accordance with this regulation, the State is providing the opportunity for citizens to comment on the 2001 Consolidated Plan Update draft report, which will be submitted to the US Department of Housing and Urban Development (HUD) on or before May 15, 2001. The Consolidated Plan defines the funding sources for the State of Indiana's four (4) major HUD-funded programs and provides communities a framework for defining comprehensive development planning. The FY 2001 Consolidated Plan will set forth the method of distribution of funding for the following state agencies and HUD-funded programs:

Indiana Department of Commerce - State Community Development Block Grant (CDBG) Program
Indiana Housing Finance Authority - HOME Investment Partnership Program
Indiana Family and Social Services Administration - Emergency Shelter Grant Program
Indiana Department of Health - Housing Opportunities for Persons With AIDS program

For the full text of this Public Notice and to download the Consolidated Plan Draft, please follow this link to the IHFA Website:
<http://www.in.gov/ihfa/ihfaprograms/development/consolidplan/plan.htm>

Appendix D. Community Participation Plan



Your voice. Builds communities

Speak out, be heard, and make your hometown a better place to live. Voice your ideas on the issues of housing, homelessness, community, and economic development as they affect you and your community.

WE NEED YOU!

In 2000, the Consolidated Plan will be worth in excess of \$50 million for cities, towns and counties throughout the State of Indiana.

You can help determine how government funds are spent in your community by participating in the Consolidated Plan process.

The purpose of the Consolidated Plan is:

1. To identify a state's housing and community development needs, priorities, goals, and strategies, and
2. To stipulate how funds will be allocated to state housing and community development nonprofit organizations and local governments.

Each year, the U.S. Department of Housing and Urban Development allocates funding to states for four housing and community development programs: Community Development Block Grants (CDBG), Emergency Shelter Grants (ESG), the HOME Investment Partnership Program, and Housing Opportunities for People with Aids (HOPWA). To receive these funds, each state must complete a report called the Consolidated Plan.

Your input Shapes spending



Indiana Department of Commerce
Grants Management Division
Controller's Office
One North Capitol Ave., Suite 700
Indianapolis, Indiana 46204-2248



Appendix D. Community Participation Plan

Program Funding

Community Development Block Grants (CDBG)

Purpose. CDBG grants are made to communities for construction or improvements of infrastructure, including sewers and waterlines, main street revitalization projects, public facilities (e.g. community centers), and special needs facilities. The program offers both financial and technical assistance. Each year, a portion of the CDBG funding from HUD is allocated to housing programs administered by the Indiana Housing Finance Authority.

Agency. Indiana Department of Commerce (IDOC). The IDOC administers the Small Cities Community Development Block Grant (CDBG) program. In 2000, IDOC was allocated \$36 million of CDBG funds; \$5 million of which were allocated to housing programs.

Eligibility. Eligible communities are non-entitlement communities (population of less than 50,000), nonurban counties and Indian tribes.

Program Requirements. Grant requests may not exceed \$500,000. A minimum 10 percent match is required. All grant requests must meet one of the following three objectives:

- Benefit low to moderate income persons,
- Eliminate slums or
- Address a community development need of a particular urgency.

For details, contact the Community Development Office at 317-232-8911 or, for housing programs, contact an IHFA Development Specialist at 1-800-872-0371 or 317-232-7777.

HOME Investment Partnerships Program

Purpose. The goal of the program is to provide decent, safe and affordable housing to the citizens of Indiana. Funds are provided for a variety of activities, including rehabilitation of owner-occupied and rental housing, housing purchase assistance, long-term housing planning for communities, provision of transitional housing, and housing development.

Agency. Indiana Housing Finance Authority (IHFA). The IHFA distributes both CDBG and HOME funds through five different funding programs. These programs include:

- Housing from shelters to homeownership;
- Community Housing Development Organization (CHDO) Works;
- Foundation
- Rental Housing Tax Credits (RHTC); and
- First Home/Plus.

In 2000, IHFA was awarded more than \$19 million in HOME and CDBG funds; \$5 million of which was allocated from IDOC.

Eligibility. Each program has unique criteria upon which funding decisions are based. For full program information, please refer to IHFA's full application packages and/or program guides. Most programs have three annual competitive funding cycles.

Program requirements. Program requirements vary; please refer to IHFA's full application packages and/or program guides. Most programs have three annual competitive funding cycles.

For details, contact an IHFA Development Specialist at 1-800-872-0371 or 317-232-7777. Or visit IHFA's Website at www.state.in.us/iHfa or www.indianahousing.org.

Emergency Shelter Grants (ESG)

Purpose. The ESG program is designed to help improve the quality of existing emergency shelters for the homeless, to create additional emergency shelter space, and to help shelters meet operating costs.

Agency. Family and Social Service Agency (FSSA). The FSSA administers the Emergency Shelter Grant program, which was worth more than \$1.7 million in 2000. 98 percent of the funds allocated to FSSA is subcontracted to shelters, who provide services to populations in need.

Eligibility. The program is not income based. A recipient must be an individual or family that is homeless or in immediate danger of becoming homeless.

Program Requirements. Units of local government may provide ESG activities directly or distribute all or part of their grant to private nonprofit organizations providing assistance to homeless persons.

For details, contact John Beeson, Emergency Shelter Program Specialist, at 317-232-7117 or 1-800-622-4973. Or, by fax: 317-232-7079, and email: jbeeson@fssa.state.in.us.

Housing Opportunities for People with Aids (HOPWA)

Purpose. Funding is provided for a broad range of activities, including direct emergency financial assistance; tenant based housing assistance; project based housing assistance; housing development; supportive services; technical assistance; and operating costs of housing.

Agency. Indiana Department of Health, Division of HIV/STD. This agency provides oversight for the HOPWA grants. In 2000, the funds available totaled more than \$600,000.

Eligibility. Eligible recipients include: not-for-profit organizations; local units of government; housing agencies; primarily religious organizations and wholly secular nonprofits established by primary religious organizations.

Program Requirements. Funding is targeted to low and moderate income individuals and households in which at least one member of the household is a person living with HIV/AIDS. Funding is distributed on a regional basis according to the needs identified in the regional community planning process.

For details, contact Larry Harris, Housing Continuum Services, Indiana State Department of Health, Division of HIV/STD at 317-233-7450, by fax: 317-233-7663 or by email: lharris@IDH.State.IN.US.

State agencies





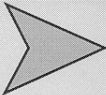
Questions? Give us a call at 1-800-824-2476.

Appendix D.

Community Participation Plan

2 0 0 1 C O N S O L I D A T E D P L A N F O R U M S

Your Ideas create action



Why Should I Get Involved?

- We need you! As a local resident, you are closer to the issues that affect your community, and you are more aware of the needs of your region.
- Each year, the state receives more than \$50 million in HUD funding for housing and community development programs. Your opinions and advice help us distribute this money in ways that best fit the needs of your community. By becoming involved, you can help ensure this money is used to address your area's most pressing issues.

How do I Get Involved?

- Make your voice heard at a regional forum! These informal meetings give you the opportunity to discuss your region's needs with state agencies, homeless and housing providers, health professionals, elected officials and other concerned citizens.
- Attend a public hearing! If you cannot attend a regional forum, you can attend a public hearing in April 2001, where identified community needs and fund allocations will be discussed. The hearings will be held from 2:00 — 4:00 PM local time on April 23 in Seymour at City Hall, 309 N. Chestnut St. and on April 24 in Marion at the Marion Public Library, 600 S. Washington St. Call 1-800-824-2476 for more information.
- Write us a letter! If you are unable to make the public hearings or a regional forum, be sure to send us a letter about how you think funding should be distributed in your area. Send your comments to:
Consolidated Plan,
Indiana Department of Commerce
Controller's Office, Grants Management Division
One North Capitol Avenue, Suite 700
Indianapolis, IN 46204-2248

When Will You be in my Area?

- Regional forums occur from 2:00 — 4:00 PM local time and will take place in the following locations:

February 26 Valparaiso, IN City Hall 166 Lincoln Way	February 27 Columbia City, IN Marshall Community Center 107 N. Walnut	March 1 Crawfordsville, IN St. Claire Neighborhood Clinic 407 E. Market St.
March 5 Washington, IN Washington Community Center 501 Burkhart Dr.	March 6 Jeffersonville, IN Gift Edge Baptist Church 1713 Green St.	March 12 Columbus, IN Columbus Visitors' Center 506 Fifth St. (Fifth & Franklin)

For more information about the 2001 Consolidated Plan Forums, please contact Kelly Boe at the Indiana Department of Commerce, 1-800-824-2476 or 317-232-8800. You can also access the plan and send comments through the Indiana Housing Finance Authority's Website at: <http://www.state.in.us/ihfa/aboutihfa/development/consolidplan/plan.htm> and the Indiana Department of Health's Website at <http://www.indianacommerce.com>.

Questions? Give us a call at 1-800-824-2476.

Appendix D.

Community Participation Plan

Indiana Consolidated Plan Regional Forum Agenda

- Welcome and Overview of Forum Purpose
- Introduction of Forum Sponsors
- Program Activity Presenters
 - Community Development Block Grant Program
 - HOME Program
 - HOPWA - Housing Opportunities for Persons with AIDS Program
 - ESG - Emergency Shelter Grants Program
- Indiana Money-Poly..... Forum Participants
- Feed back Group Presenters
- Informal Chat Time with Agency Representatives

Do Not Forget to review the Draft Report and attend one of the Public Hearings

April 23, 2001	April 24, 2001
Seymour , Indiana	Marion, Indiana
City Hall	Marion Public Library
309 Chestnut St.	600 Washington St

For more information call: 1-800-824-2476

Appendix D.

Community Participation Plan

Indiana-Money-Poly

Participants and Materials

Each group will receive an Indiana-Money-poly envelope with an eligible activity/program description, community need and allocation sheets, and cash in the amount of the 2000 allocation for each program. The programs have been color coded in blue, pink, green and yellow to ensure that dollars are not allocated to wrong program.

CDBG	\$36,563,000	Blue Money-Poly
HOME	\$14,132,000	Pink Money-Poly
HOPWA	\$654,000	Green Money-Poly
ESG	\$1,741,000	Yellow Money-Poly

Assignment of Group Leader

Before you begin, each group should select a banker, community process recorder, program activity recorder, group consensus builder and presenter. After each group selects a banker, the banker should make sure to count the funds to make sure the allocated amount is correct. The banker is also in charge of the distribution and calculating of the dollars on each program/activity sheet. Duties of the other groups member will be discussed and cards will be passed out the participant accepting the position.

Group Task

The task each group is responsible for is to decide community needs and programs/activities recommended to reconcile the needs. They should then consider which activities/actions can be funded under the specific programs and allocate dollars to fund these activities.

We will assume the more money you have allocated to an activity the higher the priority you believe the activity is in the community. When you have completed your task, place activity sheet and money allocated in the envelopes provided. Remember, activities must be program eligible and we do not allow deficit spending.

Using the BANK

The bank can provide change for those groups needing to cash in large bills for smaller ones. However, the bank does not distribute money without changing it for larger bills.

In addition, the Consolidated Planning Bank does not make loans.

Appendix D.

Community Participation Plan

Community Process Recorder

The Community Process recorder is responsible for recording the community needs developed during exercise one, on the back of the direction sheet.

Program Activity Recorder

The program Activity Recorder is responsible for recording the program /activities delineated by the group on each of the program activity sheets.

Group Leader

The Group leader is responsible for making sure everyone views are heard and respected, that task are completed as scheduled and keeping the group discussion on track.

Banker

The banker makes sure the money is correct, totals the dollar amount on the worksheets and marks the money with the appropriate program activity.

Presenter

The presenter will listen to the discussion and provide feedback as to the process and accomplishments of the group.

Appendix D.

Community Participation Plan

CDBG 2000 Allocation Plan

Community Focus Fund (CFF): \$25,366,110

The Department of Commerce will award community Focus Fund (CFF) grants to eligible applicants to assist Indiana communities in the areas of public facilities, housing-related infrastructure, and all other eligible community development needs/projects. Applications for economic development activities may not be appropriate for the CFF Program. Applications for funding, which are applicable to local economic development and/or job-related training projects, should be pursued under the Department of Commerce's Community Economic Development Fund (CEDF). Projects eligible for consideration under the CEDF program under this Method of Distribution shall generally not be eligible for consideration under the CFF Program.

Housing Program: \$5,000,000

The State (Department of Commerce) has contracted with the Indiana Housing Finance Authority (IHFA) to administer funds allocated to the State's Housing Program. The Indiana Housing Finance Authority will act as the administrative agent on behalf of the Indiana Department of Commerce. Please refer to the Indiana Housing Finance Authority's portion of this FY 2000 Consolidated Plan Update for the method of distribution of such subcontracted CDBG funds from the Department of Commerce to the IHFA.

Community Economic Development Fund/Program: \$3,000,000

The Community Economic Development Fund (CEDF) will be available through the Development Finance Division of the Indiana Department of Commerce. This fund will provide funding for various eligible economic development activities pursuant to 24 CFR 507.203. The CEDF Program will have a sub-program entitled the Industrial Development Infrastructure Program (IDIP), hereunder the Department of Commerce will give priority for CEDF-IDIP funding to construction of off-site and on-site infrastructure projects in support of low and moderate income employment opportunities.

The Quick Response Fund: \$0

The Quick Response Fund will be available to eligible applicants on a continuing basis. These activities must be eligible for funding under the Aurgent need@ national objective of the Federal Act and requirements of 24 CFR 570.208 and 24 CFR 570.483 of applicable HUD regulations. The Quick Response Fund program will be available to eligible applicants to meet an imminent threat to the health and safety of local populations. The grants may be funded as made available through Focus Fund or reversions when not budgeted from the annual allocation. Special selection factors include need, proof of recent threat of a catastrophic nature, statement of declared emergency and inability to fund through other means. Projects will be developed with the assistance of the Community Development Division as a particular need arises. To be eligible, these projects and their activities must meet the "urgent need@ national objective of Section 104(b)(3) of the Federal Act. Generally, projects funded are those, which need immediate attention and are, therefore, inappropriate for consideration under the Community Focus Fund. The types of projects, which typically receive funding, are municipal water systems (where the supply of potable water has been threatened by severe weather conditions) and assistance with demolition or cleanup after a major fire, flood, or other natural disaster. Although all projects will be required to meet the "urgent need" national objective, the Department of Commerce may choose to actually fund the

project under one of the other two national objectives, if it deems it expedient to do so.

The Quick Response Fund will also be available to eligible activities, which meet the "benefit to low and moderate income" or "prevention and elimination of slums and blight" goals of the Federal Act. The community must demonstrate that the situation requires immediate attention (i.e., that participation in CFF program would not be a feasible funding alternative or poses an immediate or imminent threat to the health or welfare of the community) and that the situation is not the result of negligence on the part of the community. Communities must be able to demonstrate that reasonable efforts have been made to provide or obtain financing from other resources and that such efforts where unsuccessful, unwieldy or inadequate. Alternatively, communities must be able to demonstrate that an opportunity to complete a project of significant importance to the community would be lost if required to adhere to the timetables of competitive programs.

Technical Assistance: \$365,630

Pursuant to the federal Housing and Community Development Act (Federal Act), specifically Section 106(d)(5), the State of Indiana is authorized to set aside up to one percent (1%) of its total allocation for technical assistance activities.

Planning Fund: \$ 2,000,000

The State (Department of Commerce) will set aside \$2,000,000 of its FY 2000 CDBG funds for planning-only activities, which are of a project-specific nature. The Department of Commerce will make planning-only grants to units of local government to carry out planning activities eligible under 24 CFR 570.205 of applicable HUD regulations.

Administrative Funds Setaside: \$ 831,260

The State (Department of Commerce) will set aside \$831,260 of its FY 2000 CDBG funds for payment of costs associated with administering its State Community Development Block Grant (CDBG) Program (CFDA Number 14.228).

Appendix D. **Community Participation Plan**

#	Community Issue	Program
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CDBG 2000 Allocation Plan		
Community Focus Fund		\$25,366,110
Housing Programs		\$5,000,000
Quick Response Fund		0
Community Economic Development Fund		\$3,000,000
Technical Assistance Fund		\$365,630
Planning Fund		\$2,000,000
Administration		\$831,260
Total		\$36,563,000

Appendix D.

Community Participation Plan

HOME 2000 Allocation Plan

Foundations

The most successful housing programs are those that grow out of careful planning and assessment of the needs of a particular community. For this reason, IHFA provides funds to finance planning activities related to the development of affordable housing through the Foundations program.

Housing needs assessments are used to gather data, prepare housing related community plans, and identify actions that need to be taken in order to create, develop, or preserve affordable housing. These studies are broad in nature and not specific to a particular site or activity. This activity is funded through CDBG. Only local units of government are eligible to apply for up to \$50,000 for this activity.

Feasibility studies are more specific to a particular site or housing activity and are similar to a market study. Through these studies, applicants can, among other things, identify a site for a particular project, develop a preliminary estimate of costs, or identify whether or not there is adequate demand for a particular type of affordable housing. This activity is also funded through CDBG. Only local units of government are eligible to apply for up to \$50,000 for this activity.

State-certified Community Housing Development Organizations (CHDOs) may utilize Foundations funding for a predevelopment loan or a seed money loan. A predevelopment loan is similar to a feasibility study except that CHDOs are allowed to go even further into the planning process, to the point of obtaining an option to purchase the site or developing preliminary architectural plans. Once a project is deemed feasible and site control is obtained, a CHDO can apply for a seed money loan. These funds can be used to pay for such things as final architectural and engineering plans, loan reservation fees, or building permit fees. The CHDO must pay back either loan if the project goes forward. The CHDO can borrow up to \$50,000 of HOME funds for a term of 24 months at a zero percent interest rate. If the project is deemed infeasible or unable to go forward, the applicant may request that the loan be forgiven.

CHDO Works

IHFA provides operating funds to CHDOs through the CHDO Works program. The purpose of this program is to strengthen state-certified CHDOs so they can undertake new housing activities that are eligible for HOME funds under the CHDO set-aside. IHFA is required under the HOME regulations (24 CFR 92) to set-aside at least 15% of the annual allocation of HOME funds for CHDO-eligible activities. A CHDO-eligible activity includes homebuyer projects, lease-purchase programs, rental housing, and transitional housing that is developed, owned, or sponsored by a state-certified CHDO. IHFA expects CHDO Works grant recipients to begin a CHDO-eligible activity within 24 months of receiving the CHDO Works award. CHDOs can apply for up to \$30,000 in funds through the CHDO Works program. These funds can be used to add or upgrade a computer system or other office equipment, hire additional staff people dedicated to housing activities, train existing staff, or undertake other activities that build the organization's capacity to develop affordable housing.

Housing from Shelters to Homeownership

The Housing from Shelters to Homeownership (Shelters) program provides grants and loans to public and private organizations for the rehabilitation or new construction of affordable housing. There are three sources of funding for this program: Community Development Block Grants (CDBG), HOME Investment Partnerships Program (HOME), and the Indiana Low Income Housing Trust Fund (LIHTF). The types of housing activities that can be funded and the eligible applicants depend on the source of funding.

Rental Housing Tax Credits/HOME

Indiana Housing Finance Authority's AMulti-Family Housing Finance Application@ combines requests for multiple funding sources into one application. Developers applying for Rental Housing Tax Credits (RHTCs) may simultaneously request up to \$300,000 in HOME funds. Applications for HOME financing for a RHTC development are not accepted outside of this process.

First Home/Plus

Difficulty in coming up with cash for a downpayment is often the biggest obstacle for first-time homebuyers. Subsequently, IHFA has developed the First Home/Plus program, through which IHFA links HOME downpayment assistance with its Mortgage Revenue Bond (MRB) program.

Income-eligible homebuyers can receive up to \$5,000 in downpayment assistance in conjunction with a below-market interest rate mortgage through IHFA. The First Home/Plus program is operated through a partnership between IHFA and participating local lending institutions throughout Indiana. HOME downpayment assistance is provided as a 0%, forgivable second mortgage. If the buyer resides in the property for five years, the second mortgage is forgiven. For the purchase of an existing home, for three months prior to the sale, the home must have been vacant, occupied by the seller, or rented to the household that is buying the home.

First Home/One Down Experiment

IHFA and Fannie Mae jointly offers the First Home/One Down initiative, which allows qualified first-time home buyers to obtain mortgages with an investment as little as 1%. The loans are offered through IHFA and its statewide network of participating mortgage lenders.

Appendix D. Community Participation Plan

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Foundation – CHDO Pre Development Loans		\$200,000	NOTE: CDBG Allocation for Housing
Housing from Shelter to Homeownership			Foundation
Transitional Housing Rehabilitation/New Construction		\$1,500,000	Housing Needs Assessment
Rental Rehabilitation		\$2,000,000	Site Specific Feasibility Studies
Lease Purchase Rehabilitation/New Construction		\$1,000,000	Housing from Shelters to Homeownership
Homebuyer Rehabilitation		\$1,000,000	Emergency Shelters Rehabilitation/New Construction
Ownership–Occupied Rehabilitation		\$1,000,000	Youth Shelters Rehabilitation/New Construction
Homeownership Counseling/Downpayment Assistance		\$718,800	Transitional Housing Rehabilitation
CHDO Works		\$500,000	Migrant Seasonal Farmworker Housing Rehab/New Constr.
HOME/Rental housing Tax Credit		\$1,250,000	Rental Rehab
First Home		\$3,300,000	Owner Occupied Rehabilitation
Home Bonds/501c3		\$250,000	Acquisition/Demolition
Administration		\$1,413,200	Total
Total		\$14,132,000	This is the additional 5 million in CDBG funds allocated to the HOME Program and were allocated to the following projects.
CHDO Project Awards (included in above activity)		\$4,500,000	

Appendix D.

Community Participation Plan

HOPWA - Housing Opportunities for Persons With Aids Program 2000 Allocation Plan

The Housing Opportunities for Persons with AIDS (HOPWA) program provides housing assistance and related supportive services for low-income persons with HIV/AIDS and their families. IHFA will begin administration of the HOPWA program in Program Year 2001, beginning July 1, 2001. We will work with Indiana's HIV/AIDS Care Coordination Regions and the Indiana State Department of Health to establish allocation procedures. HOPWA funds may be used for the following activities:

- Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap.
- Resource identification to establish, coordinate, and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives).
- Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services.
- New construction (for single room occupancy (SRO) dwellings and community residences only).
- Project- or tenant-based rental assistance, including assistance for shared housing arrangements.
- Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling.
- Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals.
- Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs.
- Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence.
- Administrative expenses.

Appendix D.

Community Participation Plan

#	Community Issue	Program
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Regional Allocations Breakdown		
Emergency Assistance		\$83,717
Tenant Based Rental Assistance		\$322,380
Project Based Rental Assistance		\$5760
Housing Development/Rehabilitation		\$0
Supportive Services		\$22,000
Housing Information Services		\$18,400
Resources Identification Services		\$2,393
Technical Assistance		\$0
Operating Cost for Housing		\$4,610
Indiana State Department of Health Administration		
AIDServe Indiana, Inc		\$19,620
AIDServe Indiana, Inc. Administration		\$129,340
		\$45,780
Total		\$654,000

Appendix D.

Community Participation Plan

ESG 2000 Allocation Plan

EMERGENCY SHELTER GRANT

The program is designed to help improve the quality of existing emergency shelters for homeless people, to help make available additional emergency shelter space, to help meet the costs of operating shelters and of providing certain essential social services to homeless individuals and families. Homelessness is basically defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. Thus, persons will have access not only to safe and sanitary shelter, but also the supportive services and other kinds of assistance needed to improve their lives. Further, the program is also intended to restrict the increase of homelessness through the funding of preventive programs and activities. 100% match is required for this grant

Appendix D.

Community Participation Plan

Dividing housing pie provides food for thought State officials learn local priorities for federal HUD program funds

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BY PHIL WIELAND

Times Staff Writer

VALPARAISO -- About two dozen people, mostly from Porter County, found it wasn't easy to figure out the best way to spend \$56 million in federal Housing and Urban Development Department funding, at least not in two hours.

Under the guidance of Linda Keys of Ball State University, the participants in Monday's forum at Valparaiso City Hall played "Indiana Money-opoly," which gave them a chance to establish priorities for the region and decide how the state should divide the \$56 million it receives to help low- and moderate-income residents in four federal programs.

The participants formed four groups, and each was given \$56 million in game money to spread among the four programs, just as the state will do in time to submit the plan to HUD by May 15. For the game, the money was color-coded in the amounts each program is eligible to receive.

The money could be spent any way the groups saw fit within the programs, but they could not increase the funding in one program by taking it from another one. Many of the priorities identified involved housing for groups like the homeless, senior citizens or handicapped. They soon found meeting the needs was next to impossible with the existing money.

Carol Nordstrom, executive director of the Christian Community Action and head of the Porter County Coalition for Affordable Housing, said Porter County gets the minimum federal share of \$10,000 to operate its homeless shelter and wanted to know what the county has to do to get that to the maximum of \$50,000. Nordstrom and others said the state needs to match federal funds in some of the categories like shelter for the homeless.

The groups also identified public transportation as a major need for low and moderate income people. They were told by state officials at the forum that transportation was not an eligible item for funding.

Kelly Boe, controller for the Indiana Department of Commerce, said the department has tried to get the Indiana Department of Transportation to participate in the forums, but its emphasis is on highways.

Valparaiso City Planner Nancy Pekarek said job training and economic development are essential issues for Indiana to address with the continued loss of manufacturing jobs in the steel industry. She said it has an impact on the whole state, not just Northwest Indiana.

"The reason the state is in the budget situation it is in is because the whole state is losing manufacturing jobs," Pekarek said. "The real emphasis should be on economic development for the next several years. We are never going to recover from this if we don't."

The state will produce a draft report of its spending proposal by April, and there will be a 30-day comment period before it is submitted to HUD. Nordstrom said she was pleased with the forum and the number of participants. Last year's forum drew only seven people.

"This is much improved," she said. "There was good representation and interaction, and the people were listening and talking to each other. I think part of what this does is help the state prioritize its plan for how the money is spent, and we want to be heard as much as the other areas."

"This is one of the few opportunities for the local agencies to tell the state what we like and do it in our own area (rather than go to Indianapolis). The report from last year reflects some of the comments from last year's forum, so they do hear it."

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